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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

OUR ARMAMENTARIUM.*

BY C. B. NEWTON, M. D.,
Of Stofford Springs, Connecticut.

One of our greatest American surgeons said, twenty-five years ago, that "the best workman employs the fewest tools, and the best operator employs the fewest instruments, and to the man of science and taste nothing is more disgusting than an ostentatious display of such materials. The really important instruments are few in number. They are the scalpel, saw, needle, probe, forceps, and director." This is partly true, but the list of diverse surgical instruments would now, in 1883, make a legion, and have no more resemblance to each other than the plant has to the fish, or a fish has to land animals.

I think there is no country physician, isolated as we are from each other, who ever thought he had too many instruments. We have occasion to use instruments in cases which have not the remotest relation to each other. We have our own judgment in urgent cases only to help us many times. If we are supplied with the needed instruments, it gives us greater confidence to meet the indications single-handed. If we lived within a stone's throw of Tieman, or Codman & Shurtleff, a messenger might hand us the required instrument in time; but we live two days from them. There is the greatest objection to using a pair of pincers borrowed from a blacksmith shop to extract a tooth for an office patient: it may do the work, but how humiliating!—or to go there for tools to perform craniotomy, as I know was once done.

Prof. Gross may have been so skillful that with deficient instruments he may have performed the most difficult operations. So may the farmer have cut his grass with his sickle: but he would not do it the second time when given a scythe.

In our profession there is occasion for the practical application of the various mechanisms. Whether in the best adaptation of a splint to fracture, in the application of the obstetrical forceps, the skill in the introduction and use of the hand in version, in the use of the vectis or the blunt hook in the replacing of a prolapsed umbilical cord, and to the weighing of the body even, we are applying some law of mechanism relating to instruments.

I have thought there is as much need of the student being taught the practical uses of instruments of surgery—how to use them without error in their manipulation—in a series of lectures devoted to this subject, as there is in teaching them the art of preparing food for the sick. And it may be said, of course, that a student cannot know too much, of whatever sort.

Our field of labor requires knowledge far more than that of giving doses. In no profession so much as ours can general knowledge be made such extensive use of. If familiar with Latin and Greek, as well as his native tongue, with what ease, and pleasure even, he begins his anatomy, where he finds Greek and Latin descriptive names as thick as plums in an English pudding. All knowledge is auxiliary to us. The physician in his moments of perplexity, which we all have such vivid remembrances of, finds coming to his

*Read at the Eastern Hampden (Massachusetts) Medical Association.

aid like an unexpected friend a recollection; it whispers to us what our teacher said, or what we have read in our text-books. It gives us the key to the situation, and perhaps a life is saved, and added reputation for skill.

The uses of tools are largely learned in boyhood. The spoon, knife, and fork, are the first instruments we learn to handle. The boy at play is becoming skillful and dexterous with his hands. The knife is his scalpel and bistoury. His plays in mechanics are the little mimicries of his elders. The use of any tool is to be encouraged among children, which is safe for them to handle. Our dexterity in the use of instruments comes of this early practice, though it is slower of acquisition than the mother tongue. The flourish of an instrument in the hands of the operator is not pleasing. Some of you may have seen a certain operator throw an instrument over his shoulder, when used, regardless of the students behind him, and might have received their applause if not hit. This is not the best way to win laurels, but rather by its cunning and correct movement when in hand.

In the use of an instrument we find it of importance that the hand and arm be in a normal state; there should be no tremor and no haste. Bathing the arm and hand in cold water will give the hand great steadiness, remembering that especially in all minor operations time need not be considered. The students of to-day do not take out their watches as of old, and note the rapid movements of the operator's knife and saw, in order to save the poor sufferer as much as possible the torture of the operation while in his full consciousness. A sense of relief was felt when the operation was over. In this haste, how much greater was the risk of getting the flaps too long or too short; also of not securing the arteries properly, for a good knot well applied would not so certainly be made in haste. I remember well when a student the extreme suffering of a patient while undergoing an operation for the removal of a large tumor upon the cheek without an anæsthetic. I think there was valvular disease of the heart, and the surgeon refused him ether. At that time cases for its administration were more carefully selected than now. He was held by three or four stout assistants, and by being tied to the operating-table; his screams and struggles were anything but pleasant to witness, and which would now be considered a barbarism. I remember saying to a student: "How fortunate it was for the fellow that the surgeon did not cut his head off in his efforts to escape the knife, instead of the tumor." An unskillful operator would certainly have failed at least. But these scenes are over, and we may well congratulate ourselves that we have anæsthetics; that we can truly say to our sufferer, "We shall give you no pain, and when you awake we will have pleasant news to tell you." I never give ether without a heartfelt blessing to its inventor: his monument should be of granite, as high as the statue of Liberty which is to be erected in the harbor of New York, and the inscription—"The discoverer of ether, the greatest benefactor of the age."

Now with what deliberation (all that the case may demand), we proceed with our instrumental work, so that we may the more surely do it well! If a tumor, we may search at leisure for a bleeding arterial branch, halt at different stages in the operation, that every step may be well taken.

The surgeon's armamentarium of to-day is much more perfect than that of twenty-five years ago. Then the aspirator was not known: in its place was the trocar, which made an opening like a bullet-wound, with the added danger of admission of air to the cavity, which is the great source of toxæmia as a result. By this instrument we avoid this danger; one of its beautiful qualities is the ease and safety with which it can be used, either as an explorer or to drain a cavity of its fluid. It is one of the most satisfactory instruments I ever used. I used this instrument a while ago upon a five-year-old boy—it was a case of hydrothorax, resulting from pleurisy, the right cavity of chest, quantity, 1½ pints—without the slightest disturbance to the little fellow. How different this from the plunge of the trocar, with danger of permanent opening, the admission of air, and blood poisoning, and collapse of the lungs. His father placed him upon his back, in his lap, with some playthings in his hand; when I introduced the needle, all the ado he made was to tell his father that I pricked him. The needle was instantly through the sensory nerve of the skin without wounding in the slightest degree, and he took no more notice of me; of course, the track of the needle closed air-tight. I mention the case only to show its perfection over the obsolete trocar. Another instrument highly valued, and probably in the pocket of the most of the physicians in the civilized world, is the hypodermic syringe; what should we do without this little helper? We could spare a finger almost as well. What would we do in case of acute colic pain with vomiting? We say to the patient, "you will be better in about ten minutes." We don't have to stay with him all night and hear his outcries, like those of a nervous woman in her first labor.

The best mode of introducing the needle is to lift up a fold of the skin with thumb and forefinger, making thus the skin tense, the needle passed under and between the thumb and finger horizontally. I find the needle enters the skin still more easily by anointing it slightly with tallow, as the cobbler does his awl, and with Magendie's solution of morphia in the case, as its constant companion, we have all that we wish to produce a quick anodyne effect. The tolerance of the various concentrated remedies, when used subcutaneously, without inflammation of the skin or superficial tissues, opens a more extensive use of this instrument than has yet been attained. The number of remedies thus used is steadily increasing. When irritants, such as alcoholic stimulants, ether, etc., are used, they should be widely spread, little in a place; in this way, three ounces of stimulant can be injected rapidly in twenty places without inflammation. I am accustomed to press over the injected places with my fingers, moved flatwise upon the skin's surface, so that it will at once be widely diffused through the superficial fascia. This lessens very much the danger of cellulitis, which may occur from even ten drops of Magendie's solution of morphia. And I have noticed that the outer side of the arm, just below the elbow, is particularly liable to this infusion, more so than any other part that I have injected. Perhaps this is owing to greater density of structures, rather than to wounding of nerves, as is generally supposed. The best needle is the smallest which is practicable. The instrument should be well cleaned with pure water, after using, by sections, and kept pervious with its stylet. I think much of chamois leather for drying and keeping bright my needles of different kinds. It is called chamois because it is simply split sheep-skin, using the flesh side; the other side is called kid for the same reason, of which children's and misses' shoes are made. I have in use a full-sized chamois skin for rolling up a few instruments for immediate use, the ends doubled over and held by a rubber band, thus making instruments not having cases very portable, and preventing their rusting; for a rusty instrument is noticed as quickly by our little audience and as quickly criticised as we should a rusty knife and fork before us at a hotel. Nickel-plate gives an instrument a very pleasing appearance; but better than this, it keeps them from rusting. We are continually surprised to find new and polished instruments, which we had supposed well dried and cared for, covered with rust. Many of our instruments, which have been neglected and are unsightly, even if fit for use, are best restored by sending them to the nickel-plater's, and with less cost than to attempt to polish them, which is so transient, while good plating is permanent—those, of course, without cutting edges. If we act upon the prevailing theory of to-day, the cleaner the instruments the cleaner the incision, and the less danger there will be of the introduction of infectious germs which may be lurking upon the unpolished blade.

In speaking of instruments, the time is too limited to mention more than the most important ones. The obstetrical forceps should have been mentioned perhaps first in order. Of the various curvatures and lengths, the short forceps are best adapted to nineteen cases in twenty, those of best curvature to fit the concavity of the sacrum, and should be strong enough that they will not slip off during the necessary traction; and I think it well when the presenting head has well entered the superior strait, that the forceps may be allowed to find their best position. The best evidence of this will be on the introduction of the second blade, it will easily lock with its fellow. I say allowed, because some authors teach us that they are to be applied according to the conformation of the pelvis rather than to unfavorable positions of the head; but both are to be considered. The forceps belong to a class of instruments which can hardly be improved upon. I suspect that the majority of our cases of lacerated os uteri come of the introduction of the forceps before there is sufficient dilatation of that part to allow of the passage of the head without its rupture, though sufficient to admit the forceps. Of course, another fruitful cause of this accident is rigidity of the os uteri—a state of œdema, so it seems to the touch; some such condition as we sometimes find of the perineum. The os feels dry, smooth, and firm, like a rubber ring for teething babies. In this state of rigidity and insufficient dilatation, if one blade be introduced, then the other, and traction be made, a splitting up of the os will be apt to follow, and delivery also, but with great harm to the mother. So at the perineum we find a similar condition sometimes, rigid, smooth, dry, thickened, and unyielding.

In this condition on the descent of the head under traction, I always slip off the forceps at a moment when the perineum is at its fullest distension, in order to diminish the risk of rupture. I will say here that the perineum has torn under my hands, while trying to prevent this accident, like wet paper. It takes place in women of very delicate muscular fibre with rapid advance of the

head, as well as in robust women. Also in the matter of responsibility for this accident, I have said that it is impossible for a four-inch head to pass through an unyielding three-inch ring without rupture. The same may be said of the obstetrical forceps as of the introduction of many other very important instruments: it is surprising that they did not come into use before. Before their introduction, the only extracting force was the blunt hook, such as is now used in craniotomy. The proverb, "Omnes natura est conservativa," well expresses a truth. The world was well populated before forceps or any instrumental aid was efficiently brought into use. Nature is so wonderful a preserver of herself that a child can be born in very many malpositions; yet the obstetrical forceps have been a great blessing to woman; with these and ether an intelligent woman looks forward to her accouchment, having good faith in her physician, without fear. She knows that she can travail through its valley and shadow with less danger than could our ancient mothers, who were not so well assisted by instrumental art.

Another instrument which will never go out of use is the atomizer. Before its invention, we had nothing similar to it. It fills an important place in the treatment of diseases of the nasal cavity, throat and lungs. There was a time before the advent of this instrument, when many patients were swindled by a class of quacks calling themselves lung-doctors, who claimed to pass a probang or swab down to the bifurcation of the trachea, dipped in nitrate of silver or other solution, and some of the more ignorant ones may have thought so; but without question it went down the œsophagus. In fact, I do not think that a sponge tied to the end of a stick, saturated with strong solution of silver, could be introduced but once in the manner they pretended in the same patient, unless he was an imbecile mistaking suffocation for cure.

Of the various kinds of atomizers, Codman & Shurtleff's are the best—the one which bears their name. The rubber bellows is attached to the atomizing part by a rubber tube with an air-bulb in centre of tube, which gives a continuous jet of vapor. Also one with a long nozzle; this obviates the mouth-shield. I don't think the steam atomizer so much superior to the one worked by hand. The flame of the lamp is in proximity to the ether vapor during an operation, which is not safe. It is not so controllable, and its numerous parts make it more liable to failure when it is needed the most. Also, the hand instrument is so much more portable. A child can be persuaded to have the atomizer used, with a little coaxing, when by no amount of persuasion will they permit the use of the swab to the throat; and here in throat and laryngeal diseases is its greatest triumph. In the deeper ulcerations of the trachea and bronchi also, with what ease and satisfaction can we make local applications of the remedies! In speaking of the struggling of a little child resisting the swab, I must say that, taking into account the prostration which follows its frequent use, we lose more than we gain. To see the child's terror on the approach of the swab, the spoon, and the doctor, is not so much to me as the doubt I have that it will do the amount of good claimed for this method. In adults we have no such obstacles, of course; there the camel's-hair pencil, or in its absence a very nice brush, can be made of a strip an inch wide and four inches long, of coarse table linen, pulling out the lengthwise threads three-quarters of its width, begin to wind near the tip of the holder, then winding back a little fasten with thread, and a very handsome little broom is made, which will not scratch the inflamed surface, as will a sponge. In using the atomizer, I direct the patient to compress the bulb at every third inspiration, and if there is much debility, let an assistant operate the instrument; we thus avoid fatigue.

There is another instrument that may be considered to advantage, and one that, in my opinion, never did much good. I don't know as they have been in use ever since the advent of woman upon earth (they are mentioned by ancient medical writers), but for what we know it may be prehistoric. I allude to the pessary. I can count more failures with this instrument than any other which I have used. And when I have placed one in position, I feel a sense of guilt if the patient asks me if I think it will cure her, though we can honestly answer, "Madame, this is the usual treatment for uterine malpositions." And my experience is that the majority of these cases become chronic, and are the most intractable cases we meet of the non-fatal class. In cases where the pessary does no harm, there is an absence of inflammation, and at your next visit she may be able to say that she can wear it without inconvenience. She feels about the same satisfaction that the Irish woman did when she brought her sick child again to the dispensary: says she: "Well, doctor, I have given little Patsy all of your medicine, and he is no worse thin." I believe it to be true that the uterus, which is movable, takes positions not strictly normal, and remains so during the non-pregnant state, without harm or discomfort.

In cases of inflammation with malposition, I think the pessary always does harm from its undue pressure. Treatment for inflammation is better, and when this is removed the uterus will take its normal position unless bound down by adhesions, in which case the pessary would be of no avail. In case of prolapsus uteri, the cup pessary held in position by a stem attached to a hard rubber abdominal plate with elastic band around the body is a very useful instrument, but contra-indicated if there is inflammation or adhesions. If the uterus be not greatly prolapsed, the instrument will have to be very carefully adjusted, or it will give her greater discomfort than the disease. Of the various and diverse abuses of the uterus and the narrow way which leads to it, its welfare second only to that of her soul, I know of none greater than the wearing of an ill-fitting pessary for diseases they cannot cure or even palliate.

A CURIOUS DIET IN TEXAS.

BY C. C. VANDERBECK, M. D., PH. D.,
Professor of Hygiene, Medico-Chirurgical College, Philadelphia, Pa.

In this little article no attempt is made at an exhaustive study of the subject of dietaries; the object of the writer has been accomplished when he draws attention to some curious and unhealthful modes of eating within the borders of our Republic.

The United States of America and Territories are so extensive that we find in their limits numerous different habits and even races. In the extreme northwest, the Esquimaux; the "Wild West," the aborigines; the Pacific slope, the Chinese; the southern limits, the mixed Mexican blood. Then we are commingled with all the peoples of the earth. German is heard on every hand. Music is wafted to our ears in parks and resorts from Teutonic bands. Irish keep us lively with rumors of dynamite. The Bastile is recaptured in the New World. Havana cigars are made and imported from the alleys of our great cities. Is it any wonder then that we need no history to teach us the manners and habits of all the world. Here we can see China indulging in his smoke of opium; here we can see the fun-loving, beer-loving, sour-krout-eating German, etc. We are learning to drink beer and to love the diet of the Germans. We copy from all our foreign friends, and it is a question in sanitary science, whether foreign habits are just the thing for native-born.

But more to the point. *Among foods sometimes, but not ordinarily, eaten*, Pavy, in his work on Food and Dietetics, places the following: Human flesh, monkeys, kalong (a species of bat), lion, lynx, wolves, skunk, otter, cats as well as rats by the Chinese, porcupine, squirrel, bison, buffalo, camel, musk-ox, reindeer, horse. elephant, rhinoceros, tapir, hippopotamus, earth-hog, armadillo, sloths. Entrails of animals are eaten by the aborigines of Australia, and the Hottentots consider them to be the most exquisite eating. Zulus are fond of carrion, especially if it is well wormy. Cuckoo, parrots, ostrich, crane, buzzards, gull, pelican, swans, birds' nests, lizards, snakes, tortoises, crocodiles, frogs, toads, sharks, spiders, grasshoppers, locusts, white ants, bees, moths, caterpillars, and grubs.

Humboldt, on his return from the Rio Negro, saw a tribe eating a fat, unctious clay. This is also eaten by the Japanese, made into thin cakes. It has been found that this earth is made up for the most part of the remains of microscopic animals and plants. In the Torrid zone much of the clay eaten is mere dirt, and is of no alimentary value. Pavy says that so widely spread is the depraved appetite for earth-eating, that it is one of the chief endemic disorders of all tropical America. The victims of the practice find it almost impossible to free themselves from the habit. Children acquire it at the breast, and women will pull out pieces of mud from the adjoining walls, to appease their own appetite or to soothe a squalling brat. Servants are sometimes required in these regions to wear wire masks to keep them from putting clay in their mouths. A negro addicted to this habit is considered to be beyond all useful purposes, and seldom lives long. Children decline and die in a year or two, and dropsy appears to be the prominent cause of death. When life is prolonged to mid-life, dysentery carries them off. Cases have been seen sinking from dysentery, with a lump of clay stuffed in their sunken cheeks half an hour before death.

But I write more especially to call attention to a custom in the far south of our country, particularly in Texas. There it is a common practice for the mothers to chew the food for their children, regurgitate and spit it out, and then feed it to them. These people are firmly set in their ways, and any remonstrance is likely to be indignantly opposed. The bitch will often throw up her food, and then feed the vomit to her young; but doubtless many of my readers imagine in our own land our citizens could not practice a similar custom. Snakes and snails, rats and cats, toads and spi-

ders, are a luxury in comparison with such a diet. We scorn the diet of Australians, Zulus and barbarians; but behold, within the jurisdiction of the Stars and Stripes, a people feed on vomit and chewed food.

It may be questioned whether, outside of mere disgust, there is really any harm to health. I cannot answer just yet whether those living in those regions can see any increase of death-rate or of sickness among the children or not, but it is reasonable to suppose on theory that they do not thrive the same as if they were not thus fed, and for these reasons:

1. Food to be well received by the stomach must be *palatable*, and this is a principle even in infantile life. Some might argue that digestion, beginning in the mouth, the starchy material would be partially digested and prepared for the little one—and therefore what harm? Children as well as adults can be nauseated by impressions produced upon the tactile sense of the fingers, by an odor, a taste, or even an idea. It is not an uncommon thing to see a little infant sick with diarrhœa, sitting languidly upon the floor, made to gag and retch by chancing to pick from the floor a piece of softened bread, the wet and musty substance causing sickness at once. Certainly, for sick and delicate infants regurgitated food cannot be palatable; in fact, can it be for any?

2. It has been conclusively proven that syphilitic mucous patches in the mouth can communicate the disease. Cases are reported of such transmission from a lover's kiss, from a cigar made by a factory girl affected with these patches. Now, in this manner of feeding, there can be an element of danger in this respect.

3. Nature fully intended each individual to do his or her own sucking and eating. This is the period of concentrated foods. Is there not a possibility of too much of this? No work, no strength. One's own efforts in mastication, insalivation, and digestion are as important to strength of the digestive organs, as exercise is to the muscular system. Bulk is something in diet. Hay for horses as well as oats for thriving. Diet being right in selection, the infant has all the required organs and material for its digestion. One of the earliest instinctive acts is to seek and find food from the teeming mother's breasts. Do not underestimate the powers of the child.

The writer is well aware that in some lower animals regurgitation is a mode of feeding, as in pigeons; but anatomy teaches plainly in what animals this is a natural physiological function. It is not such in man.

Finally, the mother has enough to do to look after her own digestion, without preparing also the child's.

I trust your REPORTER will excuse the length of this article on such a subject, the apology being the knowledge of the tenacity with which this habit is held in some parts of this country, and the desire to raise a voice against it, urging those who practice there to do their utmost to educate the people to better ways.

TREATMENT OF PILES BY INJECTIONS.

BY ISRAEL B. WASHBURN, M. D.,
Of Rensselaer, Indiana.

There are few diseases that afflict humanity more painful or more common than piles. They are easily diagnosed, and may be treated with little pain, great success, and the smallest possible per cent. of danger.

Notwithstanding this fact, the disease is illy understood and has been harshly and empirically treated to a degree that has so digusted those afflicted that it is almost impossible to make them believe that we now have a treatment that is almost painless and yet a certain cure, perhaps not at the first operation, but in time.

I am aware that a majority of writers contend that piles are enlargements of the hemorrhoidal veins. Can they not be mistaken? Are they not rather an inflammation of the connective tissue? I suggest this on the authority of one who studied the disease thoroughly.

I started out to give the treatment. The physician will need an anal speculum. The one I use is a bivalve-hinge, sold by John Reynders & Co., and is marked "Collin & Co." It is simple, readily introduced, exposes about one-fourth of the rectal circumference at a single expansion, and is not very uncomfortable to the patient.

There are other instruments that may be used, but I like the one above mentioned.

In using the speculum, the patient, if a lady, may be placed on either side; if a man, on either side or back, the thighs closed, flexed upon the abdomen. If the tumors are very large or tender, it is necessary to inject two or three drachms of olive oil into the rectum to aid the introduction of the instrument. For that purpose, a No. 1 hard rubber female syringe is the best instrument.

The instrument should then be oiled with olive oil, or what I consider better is petrolatum or lard. The speculum should be introduced very gently, and as far as possible before dilating it. In dilating the rectum with the hinged instrument, it is

generally necessary after dilating the bowel one-half, to allow the instrument to partly close in order that the tumor, if there be one, may drop into the field, and show well. If the hemorrhoidal tumors are protruding, they should always be returned, if possible, within the bowel before introducing the speculum, and especially before treatment, even if the patient has to take an anæsthetic before they can be put back. Return them first.

If necessary to examine all quarters of the rectum, the speculum must be re-introduced each time the operator desires to examine the anterior, posterior, or lateral walls. In withdrawing the instrument it should only be partly closed, or it may catch and pull down a tumor, much to the discomfort of a patient.

Allingham, in his work on Diseases of the Rectum, p. 90, quotes Dr. Matthews, of Louisville, Ky., to prove the operation by the injection of carbolic acid into a pile, painful, inefficient, and that death is to be feared from peritonitis, embolism, and pyæmia.

I have used, seen used, and known of the use of the acid, in scores of cases, with no serious results following.

The principal cause of accidents alluded to by writers is the use of too strong a preparation of the acid.

If I wish to slough out a tumor, I use but one part of the acid to two of sperm oil. If to remove it by absorption, I use one to four.

The operator must not inject a syringeful, but must be governed by whether his patient is easily given pain or not. If he is of nervous temperament, five, ten, or fifteen drops will be as much as he can bear, and the operation may have to be repeated two or three times before complete removal of the tumor. In order to prepare the remedy so that the acid and oil will not separate I dissolve the acid by heat, measure the acid and oil in a minim glass, mixing both in a vial, then place the vial in a vessel containing water, and bring the water to about the boiling point; after which they will not separate.

I use a hypodermic syringe with a two-drachm barrel, with a needle about three inches long. In order that the needle be strong, the first two inches should be large with an ordinary hypodermic needle point soldered upon it. The piston should be graduated so the tap on the piston may be fixed at a point when the operator will know just how many drops of the preparation would be used in an operation.

If the patient is very nervous, weak, or easily given pain, six to ten drops of the strongest preparation will be a large dose, while the same amount of the weakest would be all that it would be necessary to use.

When everything is ready for an operation, the syringe loaded, patient in position with tumor exposed, the needle should be inserted so that the fluid would be deposited as near the centre of the tumor as possible.

The prick of the needle will pain some more than others. While one man will say he scarcely feels it, another will cry out; but that should not disconcert the operator—the remedy must be inserted in the right place, or it will fail in accomplishing the desired result.

The acid will cause some inflammation and discomfort in some cases, but generally the patient can get up and go about his business.

It is best that the bowels be thoroughly moved, and washed out with water, so that they will not move for about twenty-four hours. If the patient is nervous, and the operation gives pain, a dose of morphia might be given in order to allay pain and keep the bowels quiet the desired length of time.

But one tumor, especially if large, should be treated at once. If there are several tumors, one treatment every two weeks will soon cure them.

The above is called the "painless method" by traveling doctors, who are making large fees out of it in this and adjoining states.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE KENTUCKY SCHOOL OF MEDICINE.

BY W. H. WATHEN, M. D.,

Professor of Obstetrics and Diseases of Women.

Reported for THE MEDICAL AND SURGICAL REPORTER by ALLEN KELCH, M. D.

Chronic Inversion of the Uterus.

GENTLEMEN: This woman was sent to me some weeks ago by my friend, Dr. Greenlief, of Jefferson county. He had been called in consultation with a neighboring physician and diagnosed chronic inversion of the uterus of over two years' duration, and recommended that she come to the city for the purpose of having the uterus reposited if possible. You will observe that she is greatly prostrated, exceedingly anæmic and unable to rise from the bed. The history of the case is as follows: She is thirty years of age, had always enjoyed excellent health until the birth of her last child over two years ago. She was attended at that time by a physician who assured her upon leaving that everything was in a proper condition. She suffered considerable

pain for a number of hours, and had more hemorrhage than is usual. Upon the second day she observed an increase in the hemorrhage, and detected a large mass in the vagina. The physician was sent for, and upon making an examination, assured the woman that he had corrected the condition and that she would have no further trouble. She afterwards had no very alarming hemorrhage, suffered comparatively little, though making a slow convalescence, remaining in bed for quite a number of weeks. The hemorrhage continued from time to time for probably twelve months, increasing in quantity upon any exertion in walking or performing domestic duties. Finally it ceased for a considerable time, and she enjoyed relatively good health; it again returned, however, profusely on making exertions, and was accompanied by pain in the back and down the legs, with soreness in the lower part of the abdomen, and a sense of weight and pressure in the pelvis. She gradually grew anæmic and more prostrated until finally she was unable to walk, and has been now for several months confined to her bed with a constant elevation of temperature, and an irregular pulse ranging from 100 to 120 per minute. She is nervous, and has poor appetite, with very little power of digestion and assimilation. You observe how very much she is emaciated, and how anæmic she is.

With this history before us, we must now attempt to make a diagnosis of the condition present in this woman, but we are not able to make it absolutely certain. Nearly the same symptoms may be caused by several abnormal or diseased conditions in or about the uterus; particularly is this true in chronic inversion of the uterus, polypoid tumor in the vagina attached to the uterus, and sessile submucous fibroid and cancer of the uterus. We must, in this instance, as in most cases where there is no marked pathognomonic symptom of any particular disease in or about the uterus, regard the subjective symptoms as only indicating the necessity for a physical examination in order to perfect the diagnosis by means of the objective symptoms.

In a digital examination, we find in the vagina a pear-shaped mass about the size of the normal uterus, with the larger portion lowest. It is hard, and has a smooth surface. By pressing the finger high up along the borders of this tumor, we can feel what is apparently the non-inverted rim of the cervix uteri. This would indicate chronic inversion of the uterus, but a condition similar to this is found in rare instances where a polypoid growth lies in the vagina attached to the body or neck of the uterus with adhesions uniting the intra-cervical tissue to the pedicle of the tumor. The differentiation between these two conditions is to be made by pressing the finger far behind the tumor in the vagina, up against Douglas' cul-de-sac, while the other hand presses down deep into the abdomen, just above the symphisis pubis. If this tumor be chronic inversion of the uterus, then we will find there is no uterus in the normal position, and all that can be felt with the hand above is the rim of the inverted uterus. But if it be a polypoid growth attached by adhesions to all parts of the cervical canal, then we will find the body of the uterus in its normal position. Were we to fail in making a diagnosis by this means we might introduce a finger into the rectum, press down upon the abdomen above the symphisis pubis with the other hand, and by this means discern the presence or absence of the uterus in its normal position. Failing in this, or still being uncertain, we might go further; dilate the anus, introduce the hand gently into the rectum, and carrying it up, bring it directly in contact with all the structures of the pelvis, having only the thin rectal wall intervening.

In chronic inversion of the uterus acupuncture gives pain, while in a polypoid growth it does not give pain.

In this case we can determine without resorting to all these means that this tumor is constituted by chronic inversion of the uterus, and this condition, no doubt, has existed since the birth of her last child.

It is possible for the uterus to become inverted at other times than after labor, but by no means is that common. The uterus cannot become inverted unless there is a relaxation of the muscular fibres with drawing down on the walls from below or a pressure from above.

After labor it may result from drawing down upon the placenta in an effort to remove it, or it may result from the general relaxation of the uterus after the placenta has been removed. In the unimpregnated condition it may result from the attachment of a fibroid polypus or a submucous fibroid to the walls of the uterus. There are a few instances of spontaneous inversion.

Having now made the diagnosis of this case, we will consider for a moment what would be the result were we not to interfere with it by remedial medicines and surgical means. First, however, let us consider what the principal danger is, that produces serious results in inversion of the uterus. Hemorrhage is the symptom above all others that is harmful. A woman may have chronic inversion of the uterus for a considerable time, occasionally for many years, without any alarming hemorrhages; but this is so exceptional that we can seldom expect such happy results, and usually the hemorrhage is so profuse that the patient becomes rapidly prostrated and anæmic, and will finally succumb by exhaustion, her digestion and assimilation becoming seriously impaired, just as they have in this patient.

Sometimes, however, women suffer from profuse hemorrhage, severe pains in the back and abdomen, heavy pressure in the pelvis, producing great exhaustion; yet the hemorrhage gradually ceases, the anæmia disappears, and they begin to improve, and finally get comparatively well. In rare instances they live a long life without further trouble, the uterus undergoing atrophy, and growing smaller and smaller; yet in most cases there is eventually a recurrence of the symptoms.

We now come to the important part of this subject, viz: what are we to do with this patient; she is now in such a weakened prostrate and anæmic condition, and so extremely nervous, with several degrees of fever, that no operation for the purpose of repositing the uterus could for the time being be resorted to. So that in this case our first duty is to temporize, and to control the hemorrhage, while at the same time an effort be made to improve her nutrition by giving good

nourishing and easily digested diet, by allowing the rays of the sun to shine upon her, and by giving rich tonics. The hemorrhage may be controlled by keeping her quiet in the horizontal position and by the injection of some concentrated astringent, such as alum, tannic acid or acetate of lead; and if this does not succeed, by exposing the uterus by means of Sims's speculum and then applying some caustic to all its surface—mineral acids, nitrate of silver, carbolic acid, etc.—after which use some solution that would neutralize any superabundance of the application, then wipe the parts dry, and place around the uterus pledgets of absorbent cotton to protect the vaginal walls.

By some of these means hemorrhage can be controlled, and finally the patient regains sufficient blood and strength to place her system in a condition that will enable her to tolerate an operation. Then what are we to do? Why of course reposit the uterus, if possible. And how are we to do this?

There was but little known in regard to the exact pathology and proper treatment of chronic inversion of the uterus until the present century, and but few successful cases of reposition until after the middle of the century. But little was written on the subject until the time of Ambroise Paré, about the middle of the seventeenth century. The old method of treating these cases was by the amputation of the uterus. It was not believed that it could be restored to its proper condition by any possible means; but we now know that there are but few instances where it is impossible to succeed in this operation. It may be reposited by gradual or by rapid reduction—in the first instance, by elastic pressure, with vaginal stem and cup; or by elastic pressure, with vaginal water-bags with taxis, or by vaginal water-bags alone.

Gradual reduction should, in nearly every case, be attempted before resorting to rapid reduction, for the reason that it is often successful, and is always less dangerous. This plan of treatment may be persisted in for days, and sometimes for weeks even, with impunity, the patient's condition being the index of the continuation of the treatment.

If, however, failure result from this method, we then resort to rapid reduction. Having brought the patient's system into a proper condition, we relieve the bowels and the bladder, then placing her under the influence of an anæsthetic the operation is begun with three or four good assistants.

A great many methods, differing one from another in minor points, have been practiced by different authors, each, however, generally similar in principle. We will not have time to-day to go into the details of the operations by the various methods, and I intend to call your attention to a means that has recently suggested itself to my mind, and which I shall avail myself of in this case when she is in a condition to be operated upon. As I have just hinted, in all the methods suggested and practiced for the reduction of chronic inversion of the uterus, it is necessary to use pressure and counter-pressure; in fact, we could hardly imagine how the operation could be otherwise successful. Various means of applying pressure and counter-pressure have been devised, and in the effectiveness with which these are applied consists chiefly the superiority of one operation over another. The pressure is usually applied directly by the hand or indirectly by means of cup-shaped instruments that fit over the fundus of the inverted organ. The counter-pressure is applied through the abdominal wall just above the symphisis pubis or against the uterus, or one or two fingers are introduced into the rectum and hooked over the uterus into the ring of the cervix.

Thomas operates for inversion by abdominal section, and after dilating the cervix, applies the counter-pressure directly to the neck.

The operation to which I will call your attention to-day differs only from other operations in the application of counter-pressure; this is applied from the vagina upon the non-inverted cervix while the pressure is being used. This can be done by introducing several large silver or silk sutures deep into the non-inverted cervical tissue, or by seizing the lips with properly-constructed seizing-forceps. By pulling upon the sutures or the forceps while the pressure is being applied, we have a counter-pressure entirely within our control. Besides, the force is so applied as to assist in dilating by pulling the cervix outward and downward over the body of the fundus. The principle of this procedure is apparently correct, though I have had as yet no opportunity to test it in practice.

If this means of reduction has been suggested or practiced by any one, I would be pleased if the profession would correct me and point me to literature on the subject. The operation would certainly be an improvement over any previously practiced, unless the sutures or the seizing forceps fail to hold in cervical tissue till the reposition is accomplished.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, February 7, 1884.

The President, R. A. Cleemann, M. D., in the chair.

A Year's Work in Ovariotomy.

Dr. Wm. Goodell read a report of his cases of ovariotomy during the past year. Of these he had twenty-five, with seven deaths. Eleven of them were performed in the private rooms of the Hospital of the University of Pennsylvania, with one death; ten were operated on at their homes, with five deaths; and four at his private hospital, with one death. He attributed the majority of these deaths to three causes:

First. That he made it a rule never to doom a woman to certain death by refusing to operate on her, however forlorn the hope of her recovery might be, and three of these fatal cases were very ill indeed at the time of the operation, from septicæmia and purulent cysts.

Secondly. That the women of this country being unwilling to go to a hospital, either insist on being tapped, which increases the risks of the radical operation; or else postpone the operation until the tumor has become very large, adhesions

have formed and the health has become greatly undermined. Out of his twenty-five cases he had but eight without adhesions, and one of these, a case of double ovariotomy, died at home, he not having seen her or treated her after the operation.

Thirdly. That five of his fatal cases had been operated on at their own homes, which were so distant that he was able to see but one of them after the operation, and she did not rally, but died in eight hours, from the shock of the removal of an intra-ligamentous cyst universally adherent. The fatal case at his private hospital was one of pelvic abscess bursting into the bladder. The operation was not a difficult one, although the lower portion of the cyst had to be separated from the two layers of the broad ligament by which it was enveloped. The sole fatal case out of eleven performed at the Hospital of the University was due to hospitalism. This he deemed a good record, for the building is used as a general hospital, with many railroad accident cases and suppurating wounds. In this hospital he always operated in one of the private rooms, where the patient was kept until all danger was over.

Out of the twenty-five cases of ovariotomy, there were twelve in which both ovaries were removed. In all these cases the second ovary was positively diseased. Yet with a larger experience, he (Dr. Goodell) was becoming more and more inclined to remove both ovaries in all cases of malignant degeneration of one ovary, in all women who have passed the climacteric or who are approaching it, and in all cases complicated with fibroid tumor of the womb.

Finally, he referred to the fact that some ovarian cysts, although they may appear to the eye benign, show from their subsequent history that they are malignant, the woman dying a few months later from carcinoma of the pelvic organs, or at the site of former adhesions. Very unfortunately there are no diagnostic criteria to indicate the character of such a cyst.

Dr. B. F. Dawson, of New York, upon invitation by the President, spoke of the English ovariotomists, and alluded to what he had himself seen while on visits to England, as to very desperate cases being operated upon. His own late experience had been so good that he was inclined to attribute it, as well as the good results of the English operators, to absolute painstaking in the most trifling details, with absolute cleanliness; not simply antisepsis, but the utmost care throughout every step of the operation. Among other things, a very large number of hemostatic forceps are used to secure each bleeding point the moment that bleeding commences. His own last six cases of laparotomy, performed this winter, two of which were very desperate in their character, have been successful, and the results he felt were largely due to the avoidance of any preventible hemorrhage, and great care through all stages of the operation to prevent blood or fluid from the cyst escaping into the peritoneal cavity. This care is exercised throughout the "toilet of the peritoneum," and he always uses a flat sponge, as does Mr. Wells, inside of the abdominal walls, upon the intestines while introducing the closing suture, which is removed only when it becomes necessary to do so to twist the last wires.

He always uses napkins to fold over the edges of the abdominal incision, to prevent the oozing from the edges escaping into the peritoneal cavity or soiling the operator's fingers. He also enfolds the cyst in towels as it is withdrawn from the cavity, to guard against even a trace of fluid soiling the intestines or wound. He clamps the pedicle temporarily when possible, and places a napkin under the clamp before dividing and cauterizing it. Every adhesion that shows any risk of bleeding is cauterized as soon as it is separated, even when ligated. Douglas's pouch, especially, is sponged out until the sponges come away absolutely clean. In a recent very desperate case, one in which Dr. Emmett expressed his sympathy with him as to its almost certain fatality, the operation occupied two hours and forty minutes, owing to painstaking observance of the above details, and although half of the uterus was removed and adhesions were numerous, calling for many ligatures and frequent use of the cautery, yet convalescence was uncomplicated and speedy.

Dr. Goodell had operated successfully in patients aged respectively sixty, sixty-one, sixty-two, sixty-four, sixty-five, and sixty-seven years, and some one in this city had a successful case in a patient over eighty-three. Dr. G. had once operated upon a patient seventy-six years of age, of a long-lived family. This was before the days of antisepsis, and the patient died. He believes that minute attention to details is the chief element of success. One important point is to make the abdominal incision sufficiently large to see every adhesion as it is separated, and to ligate or secure immediately every bleeding point. This requires a courage which it took him years to attain. He always observes Spencer Wells's method of placing a flat sponge beneath the abdominal walls when introducing the closing sutures. He does not like wires, but always uses carbolated silk sutures, each eighteen inches long. After all have been placed, the ends are twisted together into one strand on either side, and caught in the bite of a pressure forceps. The lips of the incision are then widely separated and a final search is made for any oozing, leakage, or accumulation of serum. This final toilet of the peritoneum cannot be made when wires are used. He now believes in the use of a drainage-tube, but he had hard work to bring himself to the point of accepting it, as he still looks upon the tube as a foreign body, a necessary evil. He had once seen death caused in a healthy man by the simple perforation of the peritoneum, without wound of the intestine, by a small stiletto, and this had made him fearful of the effect of the presence of a drainage-tube. But he now considered that the peritoneum in the case of an ovarian cyst has, by thickening and attrition, lost much of its vulnerability, and does not resent slight causes of irritation. He occasionally resorts to the actual cautery at a black heat to stop bleeding from torn adhesions, but he prefers the pressure forceps, the ligature, or the application of Monsel's solution. He thinks there may be some truth in Dr. Smith's idea concerning the effect of the low temperature of the operating and of the convalescent room. He was struck with the absence of ill results in one operation in London by

Dr. Bantock, of which he had been a spectator. The day was cold, damp, and foggy, and the operating room was chilly, the windows being open; but the patient promptly recovered. One case of his own in which the extreme emaciation and prostration of the patient forbade postponement was operated upon in severe winter weather; the steam pipes at the hospital had been frozen over night, and although they had been thawed out, the temperature of the operating room was only 54°. In this case the cyst had contained colloid matter and had burst spontaneously; all that could possibly be removed was scooped, sponged, and washed out. Much remained behind, yet the patient recovered, and afterward became quite fat. This operation was performed three years ago; both ovaries were removed, but another tumor can now be discerned in the abdomen. The patient being fat and also very sensitive, it is not possible to determine accurately its character, but he hopes it is a pedunculated fibroid of the uterus, and not a malignant tumor.

Dr. Dawson requested Dr. Goodell to give his opinion respecting the management of the drainage-tube, and of the importance of the spray.

Dr. Goodell when operating in private houses has begun to dispense with the spray. Carbolic acid spray poisons some patients, and he, being afraid of it, only uses it when he does not consider it safe to omit it, as, for instance, in a general hospital or when there are many spectators present. Year before last he lost one patient from its use; she had contracted kidneys. Only last week, in a case operated on in the Hospital of the University, the patient was profoundly affected by it, and was with difficulty restored by means of digitalis, stimulants, etc. When he omits the spray, he uses the drainage-tube more frequently. If he finds in Douglas's pouch, after the sutures have been placed, and the sponges removed, two or three drachms of bloody serum, and the source of this oozing cannot be found, he inserts a drainage-tube; and he also uses it in all cases in which there has been peritonitis, or where septic symptoms are present from a purulent cyst. Over the mouth of the tube he springs a piece of rubber sheeting, which is folded over a sponge squeezed out of a five per cent. solution of carbolic acid. The sponge is examined and squeezed out every few hours, and the tube moved slightly, to clear the openings and allow any accumulation of serum to escape. As soon as a moderate amount of serum escapes without any tinge of blood, the tube is removed. This generally happens within forty-eight hours, but in one case it was necessary to allow it to remain five days. He never irrigates the abdominal cavity, but he sometimes introduces the long nozzle of a hard rubber syringe into the tube, and draws out any serum that may have accumulated. When he operates in the country, and leaves the patient in the hands of the family physician, he tries to avoid the use of the drainage-tube as much as possible.

Dr. Dawson had given some attention to the question of the drainage-tube. In New York two deaths had lately happened after ovariotomies, and in each case the surgeon had ascribed the fatal termination to the too early removal of the tube. Soon after these unfortunate cases he had operated and had been obliged to use the drainage-tube; on the second and third days after the operation the serum exuding from the tube was bloody. On the fourth day it was pure serum. The patient was doing well, and Dr. Dawson concluded to let well enough alone, and, with the result in the other two cases before him, allowed the tube to remain. He used a wire with a pledget of cotton attached to the extremity, to soak out the accumulated serum, and continued to use fresh pieces until they came away clean. The tube was evidently being walled in by a deposit of lymph around it. On the sixth day, after finding very little serum, the last pledget of cotton brought away a little yellow spot that might have been either lymph or pus. That night he discovered another trace of the same appearance, and the microscope showed it to be pus. The next day the discharge was fetid. A saltspoonful of iodoform was put into the tube every time it was cleaned, and on the tenth day it was removed and a roll of absorbent cotton saturated with iodoform was put into its place. This was replaced in a few hours with another, until all signs of pus ceased. The opening closed in forty-eight hours. The patient recovered. He would like to ask if Dr. Goodell had ever regretted removing a drainage-tube too early. Is a drainage-tube more of a foreign body on the third or fourth day than it is on the first?

Dr. W. H. Parrish had recently performed abdominal section for the removal of a fibroma of the uterus. In this case he used a drainage-tube, although he was not able to pass it down into Douglas's pouch. On the third day he noticed that the serum escaping from the tube was cloudy and had a slight odor. On the fourth day the odor was quite objectionable, and as the tube had evidently become separated from the abdominal cavity by the formation of a canal of lymph around it, resembling in appearance diphtheritic membrane, he decided to withdraw the tube. He washed out the canal with a two per cent. solution of carbolic acid. The canal soon closed, and there was no return of the offensive odor.

Dr. Goodell could not recall the loss of a case after the removal of a drainage-tube. He has had, however, a number of deaths while the tube was still in position, but that meant simply that the cases were complicated and difficult ones. Was not the tube itself the cause of the pus in Dr. Dawson's case? Air containing germs was, of course, admitted into the tube in the cleaning-out process, and the germs would cause decomposition of the lymph. Might not also the tube, acting as an irritating foreign body, cause pus? He introduces a stitch in such a manner, beyond the drainage tube, as to make tension of the skin around the tube, and this closes the opening as soon as the tube is withdrawn. He has occasionally followed the removal of the glass tube, by the introduction of a rubber one of smaller calibre; but he has discontinued this practice, believing the glass tube to be the least irritating.

Dr. W. H. Baker reported for Dr. Walter F. Atlee, a case of

Abdominal Section.

Mrs. E. C., of Erie, Pa., was brought to this city by Dr. Edward Cranch. She was forty-five years of age, married, but had had no children.

Her menses were regular and very abundant. She was a stout woman in excellent health. Four years ago she first noticed the tumor in the centre of the abdomen. Dr. C. reports that the probe enters the womb the normal distance only.

Diagnosis.—A multilocular cyst with thick walls and very glutinous liquid, or a fibroid tumor of the uterus. The sense of fluctuation was not distinct.

Operation.—February 4. After the usual preparation, cut down, found a solid tumor, opened it, took out as much as possible of the contents, and got out the envelopes. The incision was about five inches in length. The tumor grew from the fundus of the uterus. It was transfixed, tied, and dropped. The patient never rallied after the operation, and died on the 6th of shock. There was no hemorrhage. The operation was all over in twenty-five minutes.

Dr. R. P. Harris saw the patient prior to, and assisted in the operation. The lady had an appearance of health, was quite robust, and there was nothing in the contour or expression of her face indicative of ovarian cystoma. In a conversation with her sister and family physician, he learned that the diseased growth was first noticed by this sister, who remarked upon the central prominence of the abdomen of the patient, who was at the time lying on her back on the floor, engaged in playing with a little child. When the attention of the patient was directed to the fact that her abdomen presented a central elevation, even when flat upon her back, she readily detected the existence of something abnormal. Dr. Harris remarked to the physician that the history of the case indicated the existence of a tumor at the fundus uteri. When the morbid growth was exposed it did not present the appearance of an ovarian cyst; neither did percussion indicate the presence of fluid prior to incising the abdomen, except by a surface wave. There was no wave transmitted from hand to hand. The surface wave was found due to some ascitic fluid. As no fluid escaped by tapping, the tumor was opened, and its contents torn away in pieces, so as to reduce it sufficiently, when it was drawn through the wound, ligated at its union with the fundus uteri, and cut away. During the shelling process, a considerable loss of blood took place, and the appearance of the patient was that of great prostration. The tumor had no pedicle, being sessile in its attachment to the uterus.

W. H. H. Githens, M. D., *Secretary.*

Editorial Department.

Periscope.

Tracheotomy in Diphtheritic Croup.

The *Med. Record*, June 14, 1884, says:

At a series of meetings recently held by one of the sections of the Academy of Medicine to discuss the treatment of diphtheritic croup, the large numbers in attendance and the close attention paid to the speakers showed the great interest taken by the profession in this subject. One noticeable feature in the discussion was the very general skepticism as to the utility of solvent inhalations in the destruction of the false membrane. There was exception taken to this sentiment, however, by a distinguished gentleman present, who thought that by a faithful use of the spray, about one in eight cases might be saved. There is apparently some uncertainty attending this mode of treatment. The pseudo-membrane is composed of several different elements, which may yield relatively to different solvents; but as we do not know in any individual case which of the component parts of the membrane preponderate, we cannot be sure that the best inhalation is in use. This is possibly an explanation of the fact that good results have been claimed for such widely differing solvents in different cases. It is also uncertain how much of the inhalation actually reaches the larynx in a young child. The atomizers in common use do not throw a very strong spray, and few children can be kept near enough to receive the full benefit of what is thrown out. Most physicians agree that a moist atmosphere, in which fresh air is not excluded, is desirable in the treatment of croup. In one of the papers, the internal administration of corrosive sublimate in frequently repeated doses, was recommended as promising great results. These good results, however, have not as yet been fulfilled, and probably all will agree, that despite the best medicinal treatment most cases of diphtheritic croup will die if no operation is performed. The important question for the physician is, whether the operation itself affords enough chances of success to warrant its frequent performance. The oldest statistics are rather disheartening; but in the past two or three years much better results have followed the performance of tracheotomy. It is of some interest to inquire the cause of this improvement in results. Is it due largely to fortuitous circumstances, or has a more intelligent application of our art not been been a factor in its production? Many observers consider that the type of diphtheria has changed somewhat in the past few years. There is less manifestation of septic blood-poisoning that produces heart-failure, nephritis, and so many fatal results after the obstructive laryngitis has been relieved by tracheotomy. It is not unreasonable to suppose, moreover, that the treatment may have assisted in altering the type of the disease. The free use of alcohol, by preserving the action of the heart, and the large doses of tinct. ferri chlorid., which maintain the integrity of the red blood-corpuscles and assist the engorged kidneys, have certainly been factors in changing the mortality of diphtheria. It is also only fair to suppose that the better results of tracheotomy are partly due to our learning more about the opera-

tion and the after-treatment. Certainly the brilliant results recently attained in ovariotomy are not due to any change in the nature of ovarian tumors, but to a scrupulous attention to every finest detail in the operation and its after-treatment on the part of the surgeon. We do not mean to affirm that tracheotomy is performed more skillfully now than formerly; but by not delaying the operation until the child is moribund, and by paying more attention to the after-treatment, the mortality has been lessened. In fact, if the operation is to be performed, the sooner it is done the better the prognosis.

Morell Mackenzie stated, in a lecture delivered on diphtheria in this city, that when the dyspnœa was sufficient to cause much recession at the epigastrium, the operation should not be delayed. If this rule were promptly followed, we think it would result in a saving of life. Granting that occasionally a case might have recovered without a tracheotomy, we know the vast majority die if not operated on; and the operation had better, in rare instances, be performed without absolute necessity, than that in the great majority of cases its dangers be increased by too long delay. There is room here, as always, for intellectual individualizing. While no absolute rule can be laid down, and unnecessary operating is always to be deprecated, we think that in tracheotomy, of all operations, delay is dangerous. After the operation a physician or trained nurse should be in constant attendance. This is one of the most important features of a case. Many children have died who could have been saved by a little intelligent handling at this time. The tube must be kept absolutely free from mucus and shreds of membrane, by frequent cleansing in a disinfecting fluid. In many cases this not done with sufficient thoroughness. We have seen cases in which both ends of the tube were clean, but at the bend the calibre was largely occluded by thickened mucus. The attendant must have sufficient intelligence to recognize any such cause of embarrassed breathing and quickly relieve it. At the same time the supporting constitutional treatment of diphtheria must be continued. Within the past few years physicians in this city have saved one-fourth, one-third, and even one-half of their cases after tracheotomy. Even if the child do not recover, death is often rendered easier. There is no greater triumph of art than to see tranquil breathing take the place of agonizing dyspnœa, as the result of an operation. Very early age, while not favorable to tracheotomy, does not preclude its performance, as an infant in this city recovered at the age of eleven months. In concluding we would urge physicians to be ready to operate themselves. A careful, practical study of each of the steps of the operation upon the cadaver, and a steady hand, should enable one, in case of necessity, to perform a tracheotomy. Invaluable time is often wasted in searching for a surgeon. A few hours, or even minutes, may make the difference between life and death. We predict a brilliant future for this operation.

The Preventive Inoculation of Hydrophobia.

The *Medical News*, June 14, 1884, says:

The cable has recently brought to this side of the Atlantic news that M. Pasteur had discovered, isolated, and cultivated the virus of hydrophobia, and made protective inoculations with it. Immediately, the medical journals repeated this announcement, and the public prints gave it a warm welcome, and spoke of it as a great achievement, full of promise for suffering humanity. Medical men, too, have been interviewed by newspaper reporters, and, on the strength of the meagre and imperfect abstract which the cable had furnished to the daily papers, have expressed an unqualified approval and endorsement of Pasteur's views.

We have delayed our comment until after receipt of the paper of M. Pasteur, read before the Academie de Medécine, May 20. This is now at hand, and demands, we think, a little different handling from what the previous account has received, and of a sort which the possibility of Pasteur being misrepresented in this would have hardly warranted.

The points of M. Pasteur's paper are as follows: The protective power of inoculations with attenuated virus is an established fact. The virus of rabies is attenuated by passing it by successive inoculations through the monkey. It is increased in virulence by similar passage through the rabbit or guinea-pig. In either case it can then be communicated to the dog in its modified state of virulence, either greater or less than original, producing in one case certain death, in the other protection. The plan of action proposed is to take the virus from a rabbit dying after inoculation at a period somewhat longer than the shortest (which he assumes to indicate the greatest virulence) and inoculate this successively in other rabbits, inoculating in the first instance from it, and in turn from each of the series of rabbits, a dog. The effect, Pasteur asserts, will be to render the dog refractory to the rabies which occurs "on the streets," that is, to the natural as contrasted with artificial inoculation.

Pasteur next asserts: "By inoculations of the blood of animals, I have succeeded in simplifying very much the operation of vaccination, and in procuring in the dog the most refractory state." He expresses the hope that he will be able, by the application of his theory, to secure immunity in animals after they have been bitten. Finally, he says he would have been happy to have published this announcement only after his conclusions had been "controlled" by some of his colleagues, but for the lack of sufficient material, and that he has asked the Minister of Public Instruction to appoint a commission to test the results of his experiments.

The scientific and humanitarian importance of this announcement is very great, and, being coupled with the positive assertion of Pasteur that it furnishes an "infallible" means of preventing and curing hydrophobia, there is no wonder that numberless persons have applied to M. Pasteur and expressed their willingness to be inoculated with the modified virus which causes rabies. But, as the reaction which follows upon the dispelling of an illusion is all the greater the higher the illusion has raised the hopes of mankind, it may be worth while to call the attention of our readers to certain facts which ought not to be out of mind for an instant when weighing the claims of this promising announcement.

In the first place, it ought not to escape the notice of the careful observer that what Pasteur proposes in his paper is not a strict application of his own theory. He claims that passage through monkeys weakens the virus, while passage through rabbits strengthens it; and then he proposes protective inoculations with virus taken from rabbits, which is more virulent, not virus from monkeys, which is attenuated. In the second place, it will be noticed that he does not assert that he has in this way secured immunity against rabies a single time. He says he has *simplified the operation of vaccination by inoculations with the blood of animals*, and so has produced the most refractory state. He has not made, and does not dare to suggest, the application of his theory to the protection of human beings. And for animals he only hopes its application may prove effective to save after a bite has been inflicted. The request for the appointment of a commission to test the value of his hopes, indicates that M. Pasteur is willing to have it tested, but it would be a mistake to suppose it adds to its claim upon the acceptance of others *before the test is applied.*

There are other serious flaws in the argument of this paper, but we have not time now to point them out. We pass to some more general considerations as to the position claimed by M. Pasteur and his supporters in relation to this subject.

M. Pasteur has done a great deal to advance the study of what are called disease germs, but he has not had such confirmation of all his assertions as to warrant the acceptance of a strange statement from him before it has been tested and corroborated by others. In a variety of matters he has made extravagant claims of discovery, which have not borne the test of time. In regard to hydrophobia, it is not long since he made an announcement, as positive as this last one, which was very soon shown to be utterly erroneous. Even if this were not the case, one might look with some distrust upon the statements now made in regard to the curious weakening and strengthening of the virulence of the assumed virus of rabies by respective inoculations into rabbits and monkeys. In regard to this matter, the assertions of Pasteur lack the essentials of scientific accuracy. We have not yet been told the reason for calling rabid the dog from which he got the virus he first used. No one but Pasteur has seemed to show that this virus resides where Pasteur says it does—in the brain especially, and with peculiar virulence. On the contrary, as Pasteur does not appear to know, many other parts of the body, solids and fluids, have been inoculated with as great degree of success as he claims for his inoculations with the virus taken from the brain, where he says it can be gathered in "perfect purity." Further, he, and those who follow his lead, find it convenient to ignore utterly the inoculation-experiments of such excellent observers as Hertwig, Wright, Galtier, Paul Bert, and Colin, which show that, whatever it may be which is produced by the inoculations of brain substance, this does not succeed as invariably in the hands of others as it does in those of Pasteur; that, when it does succeed, the result does not differ from what can be effected with many other matters from various parts of a subject supposed to have rabies, or from similar parts of subjects beyond suspicion of it; and that the result is probably a form of septicæmia, not rabies at all.

For a few years Pasteur, whose attention was accidentally attracted to this subject in the Academie de Médecine of Paris has been experimenting upon it. If he has ever produced what can with security be called rabies by his inoculations, the record of these experiments is wanting. If he has a well-defined idea of what rabies really is, he has never yet made it public. On the contrary, he has formulated in another place a sort of definition which is elastic enough to permit him to affirm anything produced by his inoculations to be what he was after. "Nothing," he has said, "is more varied than the symptoms of hydrophobia. Each case of hydrophobia has, so to speak, its own special ones" (*les siens propres*).

This is not the way to get at a truth so obscure as the nature of hydrophobia. And we think it a duty to warn our readers against too hasty an acceptance of this recently cabled announcement of Pasteur, or too sanguine a trust in the saving grace of a virus attenuated by passage through monkeys. It may be all so; but this newcomer has such a questionable appearance that we may not be accused of being too skeptical if we wait the report of the commission appointed to consider the subject.

A New Method of Reducing Dislocation of the Hip.

In the *Transactions* of the Vt. Med. Soc., Dr. S. J. Allen writes:

"One day in the month of March, 1841, at which time I was a student of medicine in the office of John L. Swett, M. D., of Newport, N. H., I was riding in my sleigh about three miles south of the village, and passing a house situated some six rods from the road, I heard an outcry. Looking in the direction of the alarm, I saw a woman, Mrs. Perry by name, who, in stepping from the door had slipped and fallen upon the ice-covered ground. Hitching my horse, I walked rapidly towards her. As I came near, two men came out out of the house, and, raising her erect, assisted her inside.

"Grasping the leg with my right hand and the thigh with my left, I flexed the leg upon the thigh at right-angles with the body. The old lady, for thus I considered her, although but forty, complained that I hurt her badly, and somehow the limb became fixed in the position, and could not be moved. It seemed locked, and could not be moved without considerable force and pain. I immediately stepped upon the bed, and standing with her limb between my own limbs, and placing the dorsum of her foot against my nates, with my right hand under the bend of her knee, I lifted her hips from the bed, holding her steadily in that position less than half a minute, when the head of the bone slipped into the socket, accompanied by that peculiar audible shock which so delights the surgeon's ear. She immediately exclaimed, 'I am well, I am well.' Of course it was unnecessary to send for Dr. Swett then, as the patient was 'all right again.' Then from my directions the horse was returned to the stable.

"July 16, 1872, I was called in consultation with Dr. Sperry, of West Hartford, Vt., in the

case of a French Canadian, Lewis Baumhoe, by name, a section hand on the Central Vermont railroad, who, while helping to carry a track rail, fell and struck on his right knee, the rail slipping from his shoulder, and falling upon the sacrum, dislocating the right femur upon the dorsum ilii. When I arrived at West Hartford, Dr. Sperry asked me if I had my pulleys. I answered, that I had *the* pulleys that *the* Almighty furnished me with. Said the doctor, 'You can't set the legs *without pulleys*.' I answered that I could try. After the patient was chloroformed, the whole muscular system being relaxed, I stepped upon the the bed, and flexed the leg upon the thigh, with the thigh at right-angles with the body, and, placing his foot between my legs, with its dorsum against my nates, and my right arm beneath the flexed knee, I lifted his hips well from the bed, and held them immovable in that position less than one-half minute, when the head of the thigh bone returned into the socket with the usual audible sound. The reduction was accomplished so quietly that the doctor, who was standing at the patient's head, with his inhaler in hand, did not notice when it occurred, nor did he comprehend the method used, and at first questioned the fact of its having been reduced.

"By this method, the lower part of the body is lifted well from the table or bed, and held immovable. The weight of the hips and opposite leg rotates the body outwards, producing just sufficient abduction and distension to quietly draw the head of the femur through the slit in the capsular ligament, and direct it into the acetabulum. By this method no further violence is done to the soft parts about the joint; the head of the femur being drawn directly back through the rent in the capsular ligament without increasing its laceration in the least, which no other method *can* claim.

"One word in regard to other forms of dislocation of the hip. The dislocation into the ischiatic notch is a mere continuation of the dorsal form; the head of this bone being thrown simply further from the socket, it is evident that this method will quite as readily reduce this form of luxation.

"The foregoing cases, it will be observed, are all cases of dislocation of the dorsum ilii, but at the same time we should remember that luxation on the dorsum is the type of all dislocations of the femur, and that before reduction is accomplished in the other and rarer forms, the head of the thigh bone must be thrown on the dorsum before it can be returned to the acetabulum. Indeed, it is not uncommon for the head of the femur to be changed from one position to the other several times during the manipulations before it can be reduced by the method of Dr. Nathan Smith. In my method the *automatic* principle is evident. The patient, being placed and held in a certain position, sets his own dislocation, thereby making him 'particeps criminis' in case of suit for malpractice."

The Treatment of Cholera.

From the host of remedies and suggestions that are now deluging the European medical press, we select the following from Dr. Henry A. Rawlins, in the *London Med. Times*, July 12, 1884:

The man suffering from cholera has been sud denly deprived by diarrhœa of an enormous quantity of the fluid part of his blood. This loss is one of simple transudation, increasing as the powers of life decrease. This *sudden* loss produces intense prostration, and renders the heart powerless to perfect the circulation. The body, thus deprived of oxygen, speedily runs into decomposition, even before life is extinct. Have we any agent by which we can collect and press forward these scattered and lethargic drops of blood to the heart, and enable it to renew the circulation, and with it the blessings of oxygen to the body? My reply is emphatically—Yes! Flannel bandages from the toes to the trunk, around the abdomen, and from the fingers to the body, will effect this object perfectly. Remark that the effect is gradual, increasing with every turn of the roller, but would be in full force in about twenty minutes. By thus exposing the blood in the lungs to the action of oxygen in its diluted form, as it is in the air, instead of pure oxygen, the reaction would neither be too rapid nor too dangerous. In confirmation of my views, I have this day learnt that it is the custom in India to wear a double roll of flannel around the abdomen, as a preventive to cholera. The other advantages resulting from the use of the flannel bandages are:

1. That they prevent the escape of heat from the body of the poor creature who is already in a state of refrigeration.

2. By their firmly and equally grasping both flexor and extensor muscles alike, they are steadied, and rendered much less likely to be affected with spasmodic action or cramp.

3. By their steady *elastic* pressure and support of about 160 pounds, they persistently keep up and sustain the circulation of the blood, which they had previously restored.

4. That the oxygen thus well secured to the blood, will, I believe, prove quite sufficient to neutralize the original poison, and also destroy its effects.

5. That this much can at least be claimed for their use, that they remove from nature a stumbling-block, which prevented her from exercising her marvelous recuperative powers. Diluted sulphuric acid is the best medicine to arrest the flux from the bowels, acting also as a tonic. It should be given in five-minim doses about every half hour, with rice gruel. By adopting this plan, the natural process is brought about, that of the starch being converted into grape sugar. Plenty of white of egg, well whipped up, so as to nourish the body and convey oxygen into the stomach, which it will appropriate, should be given. Opium, in small quantities, and other stimulants, should be given according to the necessities of the case. May it not be well, through the medium of wet sponge over the thorax, to apply a continuous but gentle current of galvanism, so as to stimulate the heart's action, keep alive the respiratory movements, and thereby assist in the maintenance of the functions of the body?

New Mode of Localizing Bullets.

In the transactions of the Vt. Med. Soc., Dr. S. J. Allen, says:

"Perhaps I may be pardoned if I say, that dur-

ing the four years of the war I served in the field one year as Surgeon of a regiment, two years as Surgeon-in-Chief of a Division, and the last year as Medical Inspector of the Sixth Corps, and must have seen and examined, if not treated, many gun-shot wounds. In all I have examined, be they more or less in number, I never localized a dozen bullets with a probe.

"In nearly all not localized by the finger, or sense of touch, I succeeded in fixing with certainty their exact location by the use of the exploring needle.

"I claim that if the bullet did not enter either of the cavities of the body, but lays anywhere in the periphery among the muscles, or other tissues exterior to them, the exploring needle, in the hands of the surgeon, will, by puncturing a reasonable number of times, hit the ball, and convey the intelligence of its exact location.

"Had the exploring needle been used in the case of our late President, the 'encysted wad of puss in the right iliac region' would have been punctured without appreciable resistance, and his surgeon saved the Blissful diagnostic error contained in several of their bulletins, which located the fatal bullet at that exact point with absolute certainty.

"A serviceable instrument for this purpose will be found in the smallest sized exploring needle, with which, all will admit, it is quite safe and comparatively painless to make the puncture.

"It is not unusual to puncture not only the peritoneal cavity, the pleural cavity, and the bladder, but the intestines, and the pericardium, and seldom has harm resulted.

"The probe should be used only to determine the direction the ball took from its point of entrance, and to ascertain if it entered a cavity. Here, I claim, its usefulness ends, and if further used does harm.

"The surgeon almost always has an impression, after an examination, that the ball lies at a certain point. To test this impression, push the exploring needle from the surface directly down to this point. If it does not hit the resisting bullet, try at the next most likely point. If not successful, try again. The bullet can be localized in this way many times where all other methods fail. When the needle hits the ball, the surgeon will make the counter incision for its extraction with perfect confidence.

"Supposing that the bullet lies in close proximity to a bone, or is flattened upon a bone, by using a little more force, the point of the needle will be made to penetrate the ball slightly, and will stick a little, and thus convey to the surgeon's hand a sensible difference between bone and lead."

Etherization of the Rectum.

The *St. Louis Courier of Medicine*, May, 1884, says that Daniel Mollière, Surgeon-Major of the Hotel Dieu, of Lyons, France, communicates to the *Lyon Médical*, of March 30, some recent observations with reference to a novel method of administering ether, which would certainly have advantages in surgical operations about the face or mouth, even if not available as a general rule.

He states that a short time previous to the date of writing he had received a visit from a Danish surgeon, Dr. Axel Yversen, of Copenhagen. Having taken his visitor through the wards of the hospital, and shown him some of the most interesting cases, the latter asked what anæsthetic agent was used. On being informed that they used ether, he inquired whether they administered it by the mouth or the rectum; and went on to explain to Dr. Mollière his own obseevations.

On the following day, March 21, Dr. Mollière made a trial upon three patients of the new method of administering the anæsthetic. March 23, 24, and 25, other patients were anæsthetized in the same manner. In the first case a tube was passed into the rectum, through which the ether vapor was introduced by means of an atomizer. About twelve minutes elapsed before any sign of the absorption of the ether was manifested. The patient then said that she tasted ether distinctly, and her breath had a pronounced odor of ether. She then began to speak incoherently. A few drops of ether were then administered by inhalation, and she almost immediately fell into a profound sleep. The operation being terminated, the rectal canula was removed, and the patient speedily regained consciousness. The quantity of ether taken was insignificant.

In etherizing the other patients, an India-rubber tube of the size of the finger was introduced into the rectum, and connected with a flask of ether plunged into a vessel of water at about 50°C. (120°F.) The ether boiled, and in about five minutes the patient began to talk incoherently, and the odor of ether appeared in the breath. A small quantity of ether upon a sponge was then administered by inhalation, and very speedily the anæsthesia was complete. The operation was performed without difficulty. There was neither nausea nor the slightest vomiting.

He believes that this method of administering ether will prove to be a valuable one. So far as the cases upon which he had operated determine the effects of the agent employed in this way, it seems to suppress almost or entirely the period of excitation. It allows of accurate dosage of the quantity of ether administered, and reduces it to its smallest quantity. It does not interfere with the surgeon when making operations about the face.

Dr. Mollière promises to give further results and all details as to the *modus operandi* in a few months, when he shall have had further opportunities to test the method.

The Diagnosis of Acute Alcoholism.

From the *Brit. Med. Jour.*, July 12, 1884, we note the following:

Of the numerous cases brought to hospitals for advice and treatment, there are none, we believe, more difficult to decide on than those of persons found insensible in the streets. Very frequently they are cases of simple poisoning from excess of alcoholic drinks, especially of an adulterated and deleterious nature; but at times they are cases of disease, or are complicated by head-injuries, which, if not promptly recognized and treated, may ultimately prove of a serious nature. We are prompted to refer to the liability of errors of diagnosis in such cases, and the necessity for

great caution in dealing with them, by the recent occurrence in Glasgow of two cases of this nature, which have become public and have excited a good deal of comment in the public press. In the first instance, a young man is found insensible in the street, is taken by the police to the office, and is there seen by the medical officer in charge, who gives it as his opinion that the insensibility is due to alcohol. In the morning more serious symptoms show themselves, and medical treatment is resorted to, but unfortunately without avail. A post-mortem examination reveals that apoplexy was the cause of death. In the other case, a man is brought by the police to one of the infirmaries, is admitted there, and after a few hours is once more sent back to the police-office as suffering from excess of alcohol. Soon after his return to the police-station it is observed that his condition is not satisfactory; the police-surgeon is summoned, and his opinion is given that the man is suffering from some serious head-injury, and sends him back to the infirmary from which he had been dismissed only a few hours previously. Such incidents as these cause a painful impression on the public mind, and are calculated to destroy public confidence in the ability of professional men to recognize what is and what is not drunkenness, to say nothing of the serious consequences that must accrue to a patient suffering from some disease or injury of the brain, from being thus conveyed unnecessarily through the streets of the town at that early period of his illness when prompt medical treatment might prove of some avail. We can only say that such cases should serve as an instructive lesson to all those who are connected with the reception of patients at our infirmaries, and should impress on them the advisability of erring on the safe side, by not sending away any case about which there can be the shadow of doubt.

Pathognomonic Signs of Disease.

From the *Louisville Medical News*, we learn that Dr. E. G. Janeway, of New York, read a paper before the American Medical Association on "the danger of relying too much upon so-called pathognomonic signs of disease."

It is often a very brilliant thing, he said, to make a snap diagnosis, but it is not safe to do so; for many so-called pathognomonic signs of special diseases are found, on closer inspection, not to be so in reality. For instance, optic neuritis, conjoined with headache, used to be considered as a pathognomonic sign of cerebral tumor. This is not so. We know that it only means that there is some increased pressure in the brain. You must also eliminate Bright's disease of the kidneys. Volitional tremor is thought by some to be very characteristic of multiple sclerosis, but a similar condition is observed in patients who are under the influence of metallic poisons, such as mercury, and also in those who have partaken freely of alcoholic stimulants. We often find considerable difficulty in cases of coma, in endeavoring to decide whether it is of hemorrhagic or uræmic origin. The variations in the temperature of the body are here a valuable help in our investigation; but they are not sufficiently certain to found a positive conclusion upon. The existence of heart-murmur, or the absence of it, does not positively settle the point as to whether there is an embolus in the brain or a hemorrhage; and albumen in the urine is often associated with these lesions. The author went on to consider cases—referring to heart and chest diseases. It is not wise to rely too much upon these signs, but to take the whole bearing of the case in making the diagnosis.

Dr. Frank Donaldson, of Baltimore, in opening the discussion, spoke of cardiac murmurs. He had known of cases in which the autopsy showed marked stenosis of the mitral orifice, which has presented no murmur during life.

Dr, Janeway said that in some cases of pleurisy of slight grade, bronchial breathing is not present, and he has seen people much misled by it. In regard to mitral stenosis, he thought that it could sometimes be detected by a long first sound with a slightly blubbering character, even when there was no murmur.

The Chemistry of Wines.

The *Pharmaceutical Record*, February 1, 1884, tells us that the chemical examination of wines is treated exhaustively in a paper by Dr. L. Roesler, published in first *Heft* of the *Mittheilungen der k. k. chemisch-phisiologischen Vereinsstation für Weinund Ostbau in Klosternenburg bei Wein*. Very full details are given of the methods for estimating in wines the specific gravity, the alcohol, extracts, free acid, tartaric acid, tannic acid, acetic acid, sugar, glycerine, nitrogenous matters, ashes, and the various dye-stuffs used in sophistication.

The methods of determining alcohol are also detailed in a separate paper, following the foregoing, prepared by Dr. B. Haas. Ordinary red wine made by fermentation of grape juice, is a very complex liquid; the following list of substances contained in it is far from being complete:

A. Products of Fermentation.

Ethel	alcohols	Acetic	ethers
Propyl		Caprylic	
Butyl		Capric	
Amyl		Glycerine	
Hexyl		Fatty matter	
Heptyl		Succinic acid	
Aldehyde		Gummy matter	
Acetic	acids	Carbonic acid	
Butyric			
Caprylic			
Capric			

B. Products of the Grapes.

Water		Pectin	
Dextrose	sugars	Albuminoids	
Levulose		Œnocyanin	
Inosit		Argol	
Tartaric	acids	Tartrates of	calcium
Racemic			alumina
Malic			iron
Tannic			
Fatty oils		Phosphates	potassium
Ethereal oils		Sulphates	sodium
Gums		Chlorides	calcium
			maguesium

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THE INTERNATIONAL HEALTH EXHIBITION.

Our readers are aware that during the past spring there was opened in London, under the auspices of the Prince of Wales and many of the nobility of England, an International Health Exhibition, on a very extensive scale. At the time we were gratified, because the fact that such an exhibition was contemplated, and had been carried to a successful opening, was evidence that people were developing an interest in preventive science. All the important European countries were represented. Food, clothing, drainage, water supply, and all pertaining to sanitation, were fully illustrated in this remarkable collection. Pasteur sent from France specimens illustrating his researches on micro-organisms, as well as a corps of assistants to explain his methods and results. A very interesting feature was a model of a street in London, as it appeared two hundred years ago; by a comparison with which, those of the present day and generation are enabled to note the improvements (from a sanitary point of view) which have taken place in the methods of collective life of human beings. During the course of the exhibition, a series of lectures on sanitary topics has been delivered by some of the most eminent physicians and sanitarians of London, while health tracts have been widely distributed. The exhibition itself, as well as the lectures and tracts, have all been designed and prepared with the view rather of instructing the public in matters pertaining to hygiene. How well it has succeeded may be inferred from the fact that during the first month that the exhibition was open, it was visited by more than 500,000 persons. It is also stated that it has proved so attractive and has drawn away from the theatres so many of their patrons that the theatrical managers are seriously contemplating the idea of presenting a petition to the Prince of Wales, requesting him to withhold his patronage from these exhibitions. We are glad to be able to report the phenomenal success of this exhibition, as it shows very plainly that the people are waking up to the great value of preventive science. If properly understood, a popular knowledge of hygiene would not redound

to the pecuniary disadvantage of the physician; that is, not to the detriment of the mass of the profession; because, no matter how familiar a person may be with the teachings of hygiene, when really sick he will send for a doctor, and even now the mass of the people *doctor* themselves unless they are really very sick. Of course the fashionable physician, who is called for trifles, might possibly suffer a little, though we doubt even this; but we are very sure that the mass of the profession would not lose one cent. Let us then do our noble duty, by instructing our patients in the valuable precepts of hygiene.

The success of this exhibition tells us in no uncertain terms that the public desire this instruction, they hunger and thirst for it, they are ready to do right, if told how to do so, they want to know how to preserve health and attain longevity. Let us help them, let us supplement the noble and self-sacrificing work of our lives by imparting to them this all-valuable knowledge.

SCIENTIFIC VS. PRACTICAL MEDICINE.

Said a prominent physician recently, "I am tired of reading about scientific medical discoveries; what I want, is to know how to cure consumption, cholera, and so on."

This sentiment is, no doubt, shared in by very many of the profession. For some years past, we have been hearing an immense amount about germs, bacilli, micrococci, and the like, but we venture to say that as yet this scientific investigation has produced very few practical results. We do not mean to belittle the scientific side of our profession—far from it; but we do incline to think that the greatest practical results have been achieved, so to speak, by accident. That is to say, that when a man starts out with a theory which he endeavors to demonstrate through scientific methods, he is very apt to view his results through biased glasses, as it were, and in the majority of instances he will find sufficient evidence to prove that which he desires to prove, and which, according to his preconceived theory, *ought* to be the case.

On the other hand, when an acute observer carefully notes his cases at the bedside, he is now and then struck with some unusual feature, which may probably, and often does, suggest to his mind some theory, which, retained in his memory, is either proved or disproved by further clinical observation. The facts here suggest the theory, while with the scientific observer the theory suggests the facts.

Jenner's discovery of vaccination was suggested by a fact. It is well known that hearing a dairy-maid remark that she could not take small-pox because she had had cow-pox, Jenner's ready mind was impressed by the remark, and having ascertained it to be a fact that those who had had cow-pox were remarkably exempt from small-pox, he started to reason and investigate from the premises of facts, with the result of giving vaccination to the world. This wonderful discovery was not the outcome of a previously formed theory, but the logical and rational conclusion of a well-ascertained and recognized fact.

So has it been with all great discoveries in medicine. The laws of nature can be so twisted and turned in their interpretation by a prejudiced mind that is not a very difficult matter to find seemingly convincing arguments of almost any theory that suggests itself to the mind of man.

We have penned these few words to warn our readers against being carried away by the beautiful and attractive theories that are now being advanced in the medical press. As matters of speculation they are all very nice, but as a means of enabling us to further extend the mission of our profession, to cure disease and relieve human suffering, they have not been demonstrated, as yet, to be of any value.

LABEL POISONOUS PRESCRIPTIONS.

This warning is suggested by a most lamentable occurrence that took place recently in this city.

A physician prescribed some pills containing strychnia, with the directions that one should be taken before each meal. The prescription was filled at a most responsible drug store.

The label on the box contained the directions for use and the doctor's name.

Several friends of the person for whom the strychnia was ordered were assembled together, when one commenced to banter the other, and they dared each other to eat a lot of the pills. The challenge was accepted, with the result that there was one death in a few hours, and three or four very sick people, whose lives were saved only by the most prompt and energetic measures.

The remark has been made, in connection with this case, that persons who are fools enough to eat a lot of pills deserve to be killed.

This, however, is clearly an erroneous view to take of the matter. It is a common practice among druggists to dispense poisonous liquids in blue bottles, and to paste the word POISON in large letters in a conspicuous place. Would it not be well to establish the same rule with reference to poisonous pills and powders? It is hardly likely that any amount of bantering would induce even the most ignorant person to swallow an indefinite and unprescribed quantity of any pills or powders, while the word POISON and the characteristic and suggestive skull and cross-bones were staring them in the face.

A SIMPLE REMEDY IN DIARRHŒA.

In the late summer and autumn, when fruit is so abundant, any simple remedy for diarrhœa, and what is familiarly called "bowel complaint," is worth knowing and remembering. Such a one was recommended by Dr. T. E. STELLWAGEN several years ago in his edition of Coleman's "Dental Surgery," and more recently in the pages of one of the journals. It is simply *vinegar*, preferably sound cider vinegar. The dose is about two ounces for an adult, and should be swallowed "neat"—without admixture of water.

It may also be given to infants with excellent results. To a babe a year old a teaspoonful of moderately-diluted vinegar would be the proper dose.

Its effect is to check pain, tenesmus, and tormina at once, to relieve the chill and cramps when present, and to disseminate a feeling of warmth and comfort over the body.

Even in cases of chronic diarrhœa which have long resorted treatment, this household remedy has succeeded in checking the discharges and correcting the sub-inflammatory condition of the membranes.

We shall be glad to report any experiences, favorable or otherwise, which our readers may have with this remedy.

NOTES AND COMMENTS.

A Highly Interesting Record.

In a village, C., near Weimar, where for many years no case of tubercular phthisis had taken place, two years ago several families suddenly discovered one of their members to be suffering from the disease. After a long inquiry, it was discovered by accident that all these families had been buying their spring chickens from one and the same place, viz., from a private hospital in the neighborhood. A medical student brought the livers of two such chickens to Prof. Johne, in Dresden. The student, whose own sister had become affected with consumption, had lived during his vacation at home with his parents, in C., and he had there at dinner observed the peculiar appearance of the liver of the chickens.

On examination, both organs were found to be full of tubercular bacilli. A thorough investigation was at once instituted, and it was then that the fact came to light that the chickens eaten by the families, members of which had been infected with tuberculosis, had all been bought from the institution mentioned. On further inquiry at the latter place the following facts were elicited:

At about the time when the first case of consumption occurred in the village, an inmate of the hospital, Mrs. R., had died of the disease. Before her death, Mrs. R. used to feed the chickens raised there; she was often seen first to chew the meat before she gave it to the chickens. Further, the spittoons were emptied on a place in the yard where the chickens generally came to pick up any stray corn.

As none of the chickens ever came in contact with any animals in the neighborhood—the hospital being situated at a considerable distance from the village—as no disease had happened amongst them until the arrival of Mrs. R., when soon after an epidemic seemed to break out

amongst them, and many died—there is no doubt that they contracted the disease from Mrs. R., and in return infected those who ate their flesh.

The case is very interesting, first, as it proves how such animals may become affected, then how they may spread the disease, and lastly, that some kind of a disposition must exist in the person infected; for here, of many who had eaten of the diseased flesh, only a few contracted the malady. The whole report teaches us how careful we have to be, and how necessary is the appointment of skillful experts by the State to inspect all food offered for sale.

Constipation.

The *New Orleans Med. and Surg. Jour.* says that an article on constipation in *Squibb's Ephemeris* for May, may be thus summed up: Constipation is an undue accumulation in the intestinal canal of excrementitious matter which should be discharged at least once daily. The immediate cause of the kind of constipation under consideration is the dryness and hardness of the residuary matter, which has resulted from over-absorption of the moisture contained in this matter before it reached the large intestine. The average ingesta of a healthy man is five pounds two ounces, of which 79 per cent. is water. The average residue is 5.25 ounces, of which 75 per cent. is water. The object in any course of treatment, then, is to keep these proportions constant. If the percentage of water in the excreta is below 50 per cent. the intestines can propel it with difficulty, and if below 20 per cent. they can hardly move it at all—the result is obstinate constipation.

The blood naturally is 79 per cent. water, and this water is the solvent and is for both supply and waste. If too much water is secreted by the various surfaces, or not enough is taken with food, then the blood takes it from any source possible, and the most natural source is the alimentary canal. Therefore water must be taken in sufficient quantity, alone or with the food, or in the shape of succulent food, especially fruit. It is stated that after the first stages of digestion—one to two hours after a meal—there is a special call or appetite for water, which should be gratified. Again, exercise often relieves constipation by creating a desire for large amounts of water. Too much clothing by increasing perspiration, depletes the blood, which supplies the deficiency from the intestines.

The whole treatment summed up is: Take enough water with food and a large glass in the later stages of digestion. Watch for and satisfy an appetite for drink between meals. This should be persisted in for a few weeks. If it fails, add laxative elements to the food, such as fruit, along with exercise. It may be necessary to use some aperient, but only in small doses and largely diluted, and at bedtime or one hour before breakfast.

Inspissated bile may result from deficiency of fluids. Increased fluids may cure this and the resulting constipation. If not, then a drug which acts especially upon the duodenum, *e. g.*, calomel or some combination of taraxacum or podophyllum, taken preferably at bedtime for a day or two, will often relieve this condition, which can be prevented from recurring by the proper use of liquids.

Large Doses of Sulphate of Copper in the Vertigo of Meniere's Disease.

M. Charcot, at a recent clinic at *La Salpetrière* (*Gazette des Hopitaux*), presented two cases of vertigo, with the characteristic shrill sounds, intense hissings in the ears, followed by the sensations of movement in various directions.

The first patient presented these symptoms to a very marked degree on entering the hospital; he had been under the treatment since that time, for a space of three and a half months. First the vertginous symptoms disappeared, until now there only remains the staggering on walking, or the cerebellar vertigo, which is much more difficult to overcome than cerebral vertigo. He was treated as follows: For twenty days he was given daily twelve (12) grains of sulphate of quinia. Then a suspension for ten days. For twenty-seven days the same dose, followed by a suspension of eight days. For twenty-two days the same dose, suspension for nine days. For nineteen days to date of observation the same dose.

The second case was completely relieved. This patient was a woman who was obliged to keep her bed for seven or eight years on account of the severity of these symptoms. She has been for a number of years under this same course of treatment. In 1875 she already showed marked signs of improvement—no longer having habitual vertigo, nor exacerbations, nor disordered movements, nor those sensations of falling which kept her to her bed for so long a period; but at that time she still walked with difficulty, with hesitation, and staggering like a drunken person—or like one having been deprived of the use of the legs for a number of years. Now she presents the ap-

pearance of one completely cured, walking without the slightest hesitation and with a firm step. Her health is perfect.

Resection of Muscles in Infantile Paralysis.

The *Brit. Med. Jour.*, May 31, 1884, says that Mr. Keetley has recently undertaken the resection of part of the quadriceps extensor femoris in a case of infantile paralysis, causing inability to extend the right knee. By shortening the weak, relaxed, and partly atrophied muscle, the operator hoped to increase its strength, with the aid of electricity during recovery from the operation. Mr. Willett has already resected the tendo Achillis in paralytic talipes calcaneus, with good results, finding that the shortening of the abnormally elongated tendon enables the muscles of the calf to regain some portion of their lost functions, especially when the muscular wasting has been chiefly due to disease, and has not advanced too far. Mr. Keetley's patient was a boy aged 6, who had suffered from paralysis of the right lower extremity for four years, and the muscular atrophy was not complete, yet sufficient to prevent thorough extension of the knee. A longitudinal incision was made in front of the thigh, about three inches in length, ending an inch above the patella; the skin was held apart by retractors, and one inch of the entire substance of the quadriceps was cut away with scissors, about two inches above the patella. The separated ends were united by means of about one dozen carbolized catgut ligatures. Esmarch's bandage had been applied before operation, and only one small artery required ligature. The wound was dressed with a small iodoform pad and carbolic gauze, and the limb placed on a back-splint, at an angle of sixty degrees with the bed. The operation was performed on May 5th. The wound healed rapidly and perfectly; and when a sufficient time has elapsed, the results will be made known.

Electric Treatment of Strangulated Hernia.

They seem to have in Russia a great deal of confidence in the electrical treatment of strangulated hernia. The *Allg. Med. Centr. Zeit.* of June 7th, 1884, brings the following three reports from the Russian Medical Journal *Wratsch* (transl. *The Physician*):

Dr. W. Woloshkewitschszk had a patient, in whom an inguinal hernia of ten years' duration had become strangulated. Baths, attempts at taxis, sprinkling of ether over the swelling, all were in vain. Then faradization; after five minutes' application the tumor became smaller, and finally total disappearance of the swelling, with a gurgling noise.

Dr. Lew reports an inguinal hernia of twenty years' duration, strangulated for fourteen hours. In this case, too, after all the usual means had given no result, the application of faradic electricity for ten minutes enabled the operator easily to perform taxis. One pole was applied to the swelling, the other to the ring and the neighboring abdominal walls.

Another case, where the strangulation had lasted eight hours, had an equally favorable result, the tumor disappearing after faradization of fifteen minutes. The operation in the last case was by Dr. Kobktsccihewrsky.

Painless Death for Animals.

At the annual meeting of the Royal Society for the Prevention of Cruelty to Animals, held in London on July 7, Dr. B. W. Richardson described a method recently adopted at his suggestion for destroying lost and starving dogs by a painless death. This consists in submitting the animals to the influence of carbonic oxide gas in a closed chamber, the carbonic oxide being charged also with chloroform by being made to pass over a porous surface saturated with that drug. The result is that the animals to be killed fall at once into a deep painless sleep, out of which they never recover. Dr. Richardson has, for a long time past, been engaged in experimenting with a view to determining the best mode of killing animals without the infliction of pain, and the apparatus he describes is the fruit of his researches. He is sanguine that by-and-by the humane system of slaughtering will be applied even to the destruction of animals intended for food; and he has himself applied the method with complete success in the case of sheep, which are first driven into sleep, and, while thus unconscious, killed. The good wishes of every humanitarian will be with Dr. Richardson in this.

Internal Use of Nitrite of Amyl.

In the *Brit. Med. Jour.*, July 19, 1884, Dr. J. F. Dixon calls attention to the fact that there is only slight mention in the text-books, and scarcely any reference in periodical literature, to the internal use of nitrite of amyl. Its very temporary and ephemeral action, when inhaled, has plainly caused therapeutists to cast about for an agent

which produces more continuous results. He believes that, in nitrite of amyl given internally, we have a drug which meets all the requirements of cases in which it is important to lower the arterial tension, and further, that it is free from the uncertainty of action, and the sometimes dangerous results of nitro-glycerine and nitrite of sodium, which have been employed apparently as substitutes for it. He has employed it thus in cases of anginous attacks of a very severe character. One, complicated with very loud mitral systolic murmur and nightly angina; the second with an aortic systolic murmur; and the third with irritable action, but no apparent organic lesion. The dose was 2½ minims three times in twenty-four hours; of course, seeing the case twice daily until the action of the drug was established, when a dose each night was sufficient.

Numbness of the Hands.

A correspondent having requested some information on the subject, Dr. E. Downes writes to the *Brit. Med. Jour.*, July 12, 1884, that he thinks that there is a good deal of evidence to show that it is a symptom of gout; probably there is some gouty infiltration in the the sheath of the nerves, or possibly in the sheaths of only such nerves as are predisposed by being subjected to pressure, such as the ulnar, when a person lies on his side for some time.

In any case, an alkaline treatment, with perhaps iodide of potassium, is the best to adopt. After the symptom has existed for some time, only on waking, there is undoubtedly a tendency for it to remain present more or less permanently; in such cases, blistering is needed, and will do much good. But he is sure that one great point is to prevent pressure on the ulnar nerve. This may be done in many ways, but none is better than a very simple expedient, namely, to rest the arm, just above the elbow, on a rather soft book, like a "Bradshaw," but not the thickness of the full edition of that book. This takes all the weight off the elbow, and causes no discomfort. Feather beds and spring mattresses are both to be avoided; a good hair mattress is the best.

A New Antipyretic Method.

Dr. Preyer (*Centrlb. f. d. Med. Wiss.*, 23, 414), discovered, that the temperature in the rectum shows a decrease of from 3° to 7° C. in guinea-pigs, upon whose cutaneous surface a spray of lukewarm water has been playing for twenty minutes. It is possible that the fine spray of the atomizer, moistening the hair of the guinea-pig, causes such a rapid evaporation that the temperature declines. Whether the same would happen in the human being, whose surface is so much larger, and whose integument is much less covered by hair than is the case with the guinea-pig, has not yet been determined.

It would be well to try the same experiment on the human being, for if successful, all the consequences would be avoided, which have so often followed the application of cold baths or of sheets wrung in cold water. While the latter method decidedly decreases the high temperature, for instance in cases of typhoid fever, in those in whom it was employed intestinal hemorrhages have more frequently happened than usually is the case in that disease. Should the application of lukewarm water, as practiced in the form of spray by Preyer on guinea-pigs, be followed by the same good result in human beings, the new method would be a decided gain.

Veratria in the Pruritus of Women.

The *Med. Times and Gaz.*, April 12, 1884, says:

All acquainted with the incessant suffering which some women undergo from pruritus at the period of the menopause, must be very desirous of being made acquainted with a prompt remedy for so distressing an affection. Whether it arise from the presence of prurigo, urticaria, eczema, herpes, or whether it exist without any eruption at all, it is alike difficult to allay, as the great number of remedies which have been proposed testifies. Of these veratria is by far the most efficacious. When the pruritus is localized at the groins, arm-pits, walls of the abdomen, or behind the ears, gentle friction night and morning with an ointment consisting of thirty parts of lard and a quarter of a part of veratria, usually gives relief. When the pruritus is generalized, the internal administration of the veratria is preferable. Two centigrammes should be made into ten pills, with licorice powder, of which from two to six should be taken daily, either half an hour before or three hours after meals. Only one should be taken at a time, an additional one being given each successive day until the maximum of six is attained.

New Cure for Lupus.

The methods hitherto employed for the radical cure of lupus consisted either in its removal by the knife or in its cauterization, thus causing its destruction. But its extirpation with the bistoury has great dangers, as erysipelas frequently

develops itself. Caustics also have their disadvantages; they cause a great deal of pain. The cure is a very slow one, and disfiguring cicatrices follow their application.

Dr. Vidal (*Journ. de Méd. de Paris*, 17, 1884,) now proposes a new method, viz., that of ether injections, to cause suppuration. He uses the common hypodermic syringe (Pravaz's). In the lupus of moderate dimensions, 5 to 6 drops suffice; in case of larger lupus excrescences, up to 20 drops are necessary for each injection. These injections are continued until the tumor becomes smooth, red, and tense, *i. e.*, until pus formation is indicated by the fluctuation. A small incision is then made, to discharge the pus. A perfect cure can generally be expected within from two to three weeks. Relapses do not occur.

Resorcin as an Anodyne.

When exposing the integument of frogs for a longer time to the influence of resorcin, Dr. Andeer (*Aerzt. Intlgbl.* 10, 1884,) noted a remarkable insensibility of the animal to all external, no matter how painful impressions.

This observation induced him to make a trial in the human being. The result was so satisfactory that he does not hesitate to recommend the drug in all diseases of the mucous membrane associated with pain. So in chronic affections of the larynx, of the intestinal canal, the genital organs, and of the heart, and in colicky complaints of whatever nature, the remedy acted with the greatest promptness in subduing pain. He himself suffered from a painful trouble of the stomach and intestines as a sequela to typhoid. The complaint did not yield to any drug; the pains always returned until he employed resorcin, which put a sudden stop to them. The dose of resorcin varied from 16 to 160 grains, or if administered in the form of clysmata, a $\frac{1}{30}$ solution is to be recommended.

The Treatment of Abscesses from Congestion.

M. Verneuil (*Semaine Médicale,*) has treated abscesses from congestion or ossifluent abscesses, by a new method, which has been followed by very good results. The sac of the abscess is emptied by means of an aspirator. A solution of 100 grammes of sulphuric ether and five grammes of iodoform is then injected into it until the cavity is full. If, after a few days, abnormal fluid reappears in the sac, the operation is repeated. M. Verneuil has never injected more than twenty grammes of the solution. A larger dose produces toxic symptoms. A certain proportion of ether passes into vapor, and the sac becomes inflated, but this subsides very quickly from absorption. After each injection less and less pus appears in the sac. The general condition also improves. After emptying the sac, many surgeons, among others Dr. Lannelongue, have recommended scraping the walls and cauterizing with a solution of carbolic acid.

Three Cases of Lacerated Perineum Treated by a Single Suture.

Dr. H. J. Lee, of Cleveland, Ohio, reports three cases in the *American Journal of Obstetrics* for July, 1884, wherein he obtained most excellent results from the use of a single suture.

A silver-wire suture was introduced *on a level* with the *commencement of the laceration;* it was carried to the very bottom of the wound, and out upon the opposite side, including fully a half an inch of tissue on each side of the tear. The ends of the wire were twisted together, and the patient made comfortable in bed. The sister in charge was directed to give carbolized injections, and told to use her eyes in introducing the vaginal tube, and be careful to pass it above the suture. This she was very careful to do, and the wound united very nicely, and the suture was removed on the tenth day. There was not an untoward symptom during the whole progress of the cases.

The single suture will probably not answer when the sphincter has been torn through.

Glycerized Iodine as an External Application in Small-Pox.

The *London Med. Times* informs us that Dr. Bartholou, an army-surgeon, relates in the *Lyon Médical*, February 3d, some additional cases, in order to show the great advantage which may be derived in very bad cases of small-pox, by painting the surface with the following mixture: tincture of iodine, 30 parts; glycerine, 60 parts; and iodide of potassium, $\frac{1}{4}$ part. The application is not unpleasant to the patient, and may be made from the fifth or sixth day of the eruption to the eleventh or twelfth. During this period, it is repeated four times daily, and powerfully contributes to the absorption of pus, and the desiccation of the pustules, after which it is discontinued.

Pepsin in Diabetes.

When a diabetic patient, under the diet which deprives his system as much as possible of the introduction of more hydrocarbons, seems to lose in

weight, while the diabetic symptoms still continue, or if a diabetic patient greatly suffers from indigestion, or if an examination shows that most of the food, which he takes passes off undigested, the regular administration of pepsine and of peptones is followed by good results. The patient need then not be limited in his diet, but he will decidedly improve in general health, and the quantity of sugar in the urine will lesson. Dr. Giovanni (*Allg. Deutsch. Med. Z.*, 40, 1884), treated a number of patients on this plan with such an excellent effect, that he is of the opinion, that the treatment proposed will at least prolong life, preserve the strength, and maintain the general health of a diabetic patient.

The Treatment of Cholera.

According to the correspondent of the *London Times*, the treatment of cholera at Toulon and Marseilles has been about as follows:

In the first stage, twenty drops of laudanum are given with three grammes of ether, and ice in the mouth, to stop the vomiting. In the second stage, from ten to fifteen grammes of acetate of ammonia, the same quantity of alcohol, and injections of morphia, are given. If the patient has embarrassed breathing, oxygen is inhaled and the limbs are rubbed with turpentine; and the *New York Med. Record* facetiously adds that "the third stage is the coffin."

Neuralgic Dysmenorrhœa.

The *College and Clinical Record* tells us that for neuralgic dysmenorrhœa Prof. Parvin recommends:

℞. Tinct. opii,
Tinct. valerinæ,
Spirit. ætheris comp.
Tinct. castorei, āā f. ʒij.
M. Sig.—A teaspoonful every hour.

Correspondence.

The Limitation of Families.

Eds. Med. and Surgical Reporter:

I quote from Reporter of July 26th, the following from a lecture delivered by a distinguished professor of your city: "Let me take this opportunity to adjure you as physicians to resolutely set your faces against the practice of preventing conception. * * * * When wives voluntarily degrade themselves to the position of the mistress, when they defile the marriage bed with the appliances of the brothel, what wonder is it that they find the honor of their husbands weakened, and the loyalty due them lost in selfish indulgence not more criminal than their own."

I have noted from time to time that Professor Goodell, in his clinical lectures, voices with much emphasis similar sentiments, but goes much further in depicting the penalties of such practices, by describing the dire physical as well as moral evils which result therefrom (notwithstanding the fact that most of his operations are to repair the accidents of childbirth).

He even devotes a whole chapter of his most excellent book on "Diseases of Women" (if my memory serves me rightly), to presenting a powerful plea against any effort being made to control the number of offspring in the family.

Now, with all due deference to the opinions of these eminent physicians and teachers, I ask, isn't there a good deal of cant and humbug displayed in such statements?

Something depends, of course, upon just what privileges the gentlemen grant to the married state. From the tenor of Prof. Waugh's opinions, we must infer that he would limit sexual commerce to the single object of perpetuating the race. Any less rigid rule would tend to pleasure merely, and that would again suggest the dreadful analogy he draws between wife and mistress. He intimates in his remarks that ladies of high degree, socially and religiously, are familiar with the appliances of the brothel—though what is meant here can only be conjectured, for it is generally understood that barrenness among the dissolute is the result, not of special practices, but from over-excitation of the generative organs, which in such a condition antagonizes conception.

But grant, if you please, that reputable women *have* adopted, for self-protection, the "methods of the brothel." Such a concession affords, to my mind, evidence exactly opposed to his argument; for therein lies the greater shame and reproach to the family physician and adviser who, from false delicacy, neglects to instruct his gentle patients how to protect themselves without physical injury, and also without sacrificing anything of modesty or morality.

I think that no one will deny, in these days of sharp competition and rapid increase of population, the propriety of limiting the family to that number only that can be comfortably provided for and educated. Anything beyond this limit results in poverty to the individual, and increases pauperism and crime in the state. Hence, some check must be provided, is the conclusion that sensible thinking people have arrived at, and a knowledge of which they are now demanding of their medical advisers. We must respond to this demand, and in such a way as to serve the cause of good morals by sensible outspoken advice, or worse will come of it. And to say that such knowledge will be put to improper use now and then, is only begging the question and shirking responsibility.

Once this knowledge becomes general, and *criminal abortion*—the crying evil of the day—will be relegated to the past.

In Utopia, or during the millennium, or some other equally distant place or time, the professor's degree of continence may be practiced; but so long as the present conditions of society exist, and the human heart continues to respond to the influences of feeling and passion, it becomes us to look upon men and women as they *are*, and not as impracticable theorists and cold-blooded

dreamers have asserted they *ought to be;* and, so far as we possibly can, endeavor to guide them into straighter paths, illumined by clearer and purer lights. DAVID E. MATTESON, M. D.

Warsaw, N. Y.

Removal of Foreign Body from Ear: Fifteen Years' Loss of Hearing Restored.

EDS. MED. AND SURG. REPORTER:—

I was called on June 15, 1884, to see a young man (a miller by trade) who was suffering from a severe attack of cholera morbus. During my visit the patient stated that he wanted me to examine his ear—that there was something in it that caused almost total deafness. Not having my ear speculum, syringe, or any other instrument at hand that would probably be necessary for its removal, I advised him to come to my office as soon as he could travel, and I would explore the organ carefully, and extract the offending object, whatever it might be, if possible.

June 21 the young man called at my office. Upon illuminating the external meatus, after dilating well with the ordinary bivalve ear speculum, I discovered that its bottom was filled up to the depth of one-fourth inch with a rough, hard, ragged mass, almost hidden from view by pus, which was being excreted freely. To remove the pus; I loaded a long, slender dressing forceps with fine cotton wool, brushed the pus from the foreign body, disclosing its true character, which was that of a wad of lint. Knowing that the mass was too firmly imbedded in the external meatus to remove with a syringe-spray of water in the usual way, I introduced the hook end of the Gross ear probe between the wall of the meatus and the foreign body. After getting the instrument in, I rotated the hook into the mass of lint. I now used a little traction, which brought the foreign body out, leaving nothing behind. After I had the pus well washed out of the ear, the patient stated that he could hear now for the first time in fifteen years. In the centre of this wad of cotton, which was the size of an ordinary pea, was a grain of wheat in a modified hard state.

The history of the case is that fifteen years ago, while working at his trade, he discovered that there was something in his ear. Failing to get it out, he dropped a small quantity of Harlem oil into it, which was followed with apparent relief of all difficulty, except the deafness, which from first to last grew worse rather than better. I prescribed equal parts of olive oil and glycerine with carbolized water as a wash, which the patient used for six to ten days with complete restoration of hearing power. J. U. BLOSE, M. D.

Cherry Tree, Pa.

NEWS AND MISCELLANY.

Death through Falling on a Slate Pencil.

An interesting case, unfortunately attended with a fatal result, is reported in the *Medical Press*, the victim being a little girl three years of age. While on the way to school, accompanied by an elder child, the deceased tripped and fell, and in doing so struck the angle of the right eye with the sharp point of a piece of slate pencil held in one hand. A slight amount of hemorrhage ensued; but after the shock of the accident the child seemed none the worse for some time. In about three weeks, however, she complained of pain in the eye and head, and symptoms of acute inflammation rapidly supervened; convulsions set in, and in little more than twenty-four hours the little sufferer was dead. The medical evidence at the inquest attributed the result to meningitis induced as a consequence of the injury to the eye, the wound inflicted on which had, however, entirely healed; and the case possesses many features of interest in this connection. At present no details have been given respecting the constitution of the patient, except that she is described as having been a "very healthy child;" but the occurrence of such cases has been sufficiently often recorded to make it not improbable that a correct explanation has been given in this instance.

Doctors in the West.

The following statistics from the *Chicago Tribune* indicate that the West is even more overcrowded than the East:

	Population.	Doctors.
Illinois	3,077,871	5,899
Indiana	1,978,301	4,993
Iowa	1,624,615	3,035
Kansas	996,096	1,964
Michigan	1,636,937	2,924
Minnesota	780,773	914
Nebraska	452,402	807
Nevada	62,266	134
Wisconsin	1,315,497	1,549
Dakota	135,177	212
Montana	39,159	77
Idaho	32,610	51
Wyoming	20,789	30
Colorado	194,327	570
Missouri	2,168,380	4,550
Totals	14,515,200	27,709

	Population.	Doctors.	One to
Chicago	503,185	918	548
Denver	35,629	137	260
Detroit	116,340	248	469
Indianapolis	68,538	264	259
Kansas City	55,785	167	332
Milwaukee	115,587	141	819
Minneapolis	46,887	121	387
St. Louis	350,518	738	475
St. Paul	41,473	75	553

The Detection of Adulterations in Paris.

The great services rendered by the Municipal Analytic Laboratory, recently established in Paris, are clearly shown by the criminal returns just published. Naturally, adulteration is more extensively practiced in the great metropolis than in the country, and a large proportion of the articles adulterated in the provinces are brought to Paris to be sold, either for local consumption or for foreign exportation. The disclosures made at the Municipal Laboratory, however, enabled the authorities to obtain 1134 convictions in 1880, 784

in 1881, and 637 in 1882; and this is equivalent to a reduction of 44 per cent. in three years. Of course, this fact does not warrant the assumption that adulteration is less prevalent in exact proportion with these encouraging figures. Something may be said for the increased skill of those who seek to avoid detection, and perhaps also the investigations have not been conducted with the same energy as formerly. New brooms proverbially sweep clean; nevertheless, even if we allow a liberal discount for all these considerations, there still remains a broad margin which we may consider as the demarcation of a solid improvement.

A British Cholera Commission.

The announcement is made that the British Government have appointed a cholera commission consisting of Dr. Klein, F. R. S., and Dr. Heneage Gibbes, who have been directed to proceed forthwith to India to pursue a scientific inquiry into the nature of cholera. It is understood that these gentlemen will act in conjunction with the commission nominated a few weeks ago by the Indian Government for the same object. "In the prosecution of their labors," remarks the *Lancet*, "Drs. Klein and Gibbes may be assured of the hearty good wishes of all Englishmen, and the results of their mission will be awaited with great interest. The government, in arriving at this decision, have only done that which ought to have been done twelve months ago; and it cannot fail to touch the national pride, that the country which has the largest interest in ariving at a sound conclusion upon the nature of this disease, should have allowed Germany and France to have preceded it in the research. It is better, however, to be late in the field, than to ignore the value of such an inquiry altogether."

Hoboken's Water Supply.

A public meeting was held in Hoboken on the 27th of July, for the purpose of taking some action in securing a better and purer supply of drinking water, which for the past ten years has been obtained from the Hackensack river. Prof. Leeds, of the Stevens Institute, who had been employed by the mayor to make an analysis of the water, stated that he had found in it large quantities of vegetable matter, which, while it might not be injurious to health, rendered it objectionable. This accumulation of vegetable matter, he thought, was due to the recent heavy rains, and he expressed the opinion that the evil would not be abated until the reservoir was thoroughly cleaned. This one of the engineers in the employ of the water company promised would be done, and the meeting adjourned without taking definite action in regard to the matter.

Vital Statistics from St. Petersburg.

From a consular report recently published, it seems that at the examination of recruits for the Russian army during 1882, of 1000 candidates examined, 460 were rejected as being "too narrow chested," 50 had pulmonary tuberculosis, and 10 "poverty of blood." On the whole 57.5 per cent. were rejected for physical disability. It was found that over 50 per cent. of the young men of St. Petersburg, between twenty and twenty-two years of age, were "weak and sickly." Of the population of the city, 2000 were affected with bodily infirmities; 771 were blind; 707 deaf or dumb, or both: 188 without arms; and 282 without legs. Blindness was twice as common among women as men, but the latter show a large proportion of cripples. Of the 771 blind, 134, and of the 707 deaf and dumb, 409, cases were congenital.

Cholera and the Migration of Birds.

The *Med. Record* tells us that the fact that the swallows, which migrated from Marseilles at the outbreak of the pestilence, have not yet returned, and that there are no sparrows at all in the city, is adduced as evidence that the atmosphere is still vitiated. This migration of the birds has made a deep impression upon the public mind, and has led to a demand for a purification of the atmosphere by means of bonfires.

Therapeutic Preparation—Infant Food.

The prepared food for infants or invalids known as "Mellin's Food," contains no starch or cane sugar, and is of a moderately alkaline reaction, thus avoiding many objections to which such foods are often open. From what we are informed of its action, it is well-suited to both classes for whom it is designed.

Items.

—The death of the distinguished ophthalmic surgeon, Professor Jager, is announced from Vienna.

—In the *Lancet*, July 12, Dr. Dobie reports a case of abscess of kidney with aspiration of forty-two ounces of pus, and complete recovery.

—The reports from the Greely Arctic expedition show that Americans can live for two years in perfect health in the Arctic region, and that the use of brackish water does not produce scurvy.

—The "Progrès Médical" learns that Prince Ludwig Ferdinand, of Bavaria, wrote his inaugural thesis on the anatomy of the tongue, "A Study in Comparative Anatomy." There were fourteen sheets of text and one hundred and four chromo-lithographs.

—A case of nicotine-poisoning is reported from Marienburg. The victim was a schoolmaster attached to the gymnasium there; he had long been in the habit of smoking extremely strong cigars, which gradually upset his nervous system, and he at length succumbed to nicotine-poisoning.

—We find in the Lisbon *Correio Medico* the results of numerous experiments made by Dr. Biondi on sheep, dogs, and cats. Partial extirpations, and amongst others that of both apices, were all followed by cure, while total extirpation of one lung was successful in about 50 per cent. of the cases.

—Dr. John Bassett Chapin, Superintendent of the Willard Asylum for the Insane, at Willard, N. Y., has been unanimously elected by the Board

of Managers of the Pennsylvania Hospital for the Insane to succeed Dr. Thomas S. Kirkbride, deceased, as Physician-in-Chief and Superintendent of that institution.

—Dr. Eugéne Ritter, Professor of Medical Chemistry and Toxicology at the Faculty of Nancy, has died, aged 47. M. Ritter was chosen six years ago, in consequence of his well-known scientific attainments, as one of the judges in a competitive examination of the professeurs agrégés, at the Paris Medical Faculty.

—The Imperial Carolinische-Leopoldinische Academie of German Natural Philosophers has awarded its highest distinction, the gold Cothenius medal for 1884, to Dr. R. Heidenhain, of Breslau, for his "studies connected with gland-secretions and the physiology of muscles, which are of lasting value to physiology."

—The following is Yvon's paraldehyde elixir for insomnia:

℞.	Paraldehyde.	10 grammes.
	Alcohol at 90°,	40 "
	Tinct. vanillæ,	2 "
	Aquæ,	30 "
	Syr. simpl.,	60 "
M.	Dose, ʒj. to ʒij.	

—There are many English-speaking students of medicine in Vienna, mostly Americans; and the fact that certain of the "Privat-Docents" are giving their courses in the English language may, perhaps, be taken as a forecast of what will be the language of the future. It appears, also, that Vienna has no intention of resigning her position as the Continental centre of medical teaching.

—A gold medal, bearing on one side the portrait of Privy Councilor A. W. Hofmann, the well-known chemist of Germany, and on the reverse the inscription, "To A. W. Hofmann, from his friends and admirers in the United States of America," has recently been presented to Professor Hofmann, in remembrance of his last year's visit to America, and in recognition of the services that he has rendered to science.

—At Moscow, epidemic and infectious diseases of all kinds appear to be raging. Between May 11 and June 8, *i. e.*, four weeks, there were no fewer than 1,370 cases in a population of 612,000, including 74 of typhus, 135 of typhoid, 339 of relapsing fever, 46 of small-pox, 69 of diphtheria, and so on. Such an amount of reported cases of typhus and relapsing fever, to say nothing of enteric and diphtheria, bespeaks a very bad state of things among the poorer classes of the community.

—The Minister of Instruction of Germany, Herr von Gorster, received recently an address from German societies for the protection of animals, in which vivisection was said to be necessary, but that vivisection, carried on simply for amusement, ought to be forbidden. The minister replied that he had received the address with great interest, and that it was of considerable value to him to have the opinion of so many societies for the protection of amimals.

—There is a movement now on foot for substituting animal lymph instead of lymph from human beings for purposes of vaccination. The magistracy of Berlin have been collecting information from all the chief German and foreign towns as to the measures adopted for obtaining good animal lymph, and they are likely soon to come to a conclusion, whether it is possible to obtain good lymph in sufficient quantity from healthy calves.

—Fresh advantages are now to be given to the study of dentistry at the University of Berlin. A large building has been given up as the Royal University Clinical Hospital for Diseases of the Teeth and Mouth, under the management of Professor F. Busch, assisted by Dr. Laver and Dr. Klingelhofer. It will be opened next term. A special dental school is also to be opened in the winter term at the University of Leipzic, under the management of Professor Dr. Hesse.

—MM. Beaunis and Mangin, in a note to the Académie des Sciences, "On the Respiration of Leaves in Darkness," state that the belief, that more carbonic acid is exhaled by leaves, when the temperature is high than when it is low, is an error. According their researches, the relation between the quantity of oxygen absorbed, and that of carbonic acid exhaled, is constant, whatever may be the temperature.

—Dr. Becher, at the Medical Society of Berlin, described a case of acute amaurosis occurring in scarlatinal nephritis, unaccompanied by modification of the optic media, and presenting persistent sensibility of the pupil. Meynert explains this kind of amaurosis by the hypothesis that fibres extend from the nuclei of the oculo-motor nerve (floor of the fourth ventricle), and the portion of the optic tract which traverses the corpora geniculata interna, and their external commissure, to the corpora quadrigemina.

—Dr. Coates showed, in November last, at a meeting of the Calcutta Medical Society, a boy, aged four, who had been admitted into the Medical College Hospital with a considerable enlargement of the spleen in consequence of malarious fever. The patient was pale and feverish. There was a bulging near the centre of the swollen spleen, and the aspirator showed the presence of pus. An incision was then made and a drainage-tube inserted; ten ounces of pus were discharged. There was no constitutional disturbance after the operation, the abscess contracted quickly, and the spleen came down to half its previous size.

—In Professor Kaposi's wards in Vienna the permanent bath-beds are in constant use. Burns, ulcers, and obstinate syphilides, are here treated; in the latter cases, weak solutions of perchloride of mercury may be used with advantage; in the cases of burns, the patients express themselves as being most comfortable; after being in the "bed" a few moments, all pain is lost, and there is no dread of change of dressings, for none are used. Not only does the slough separate and the wound clean, but cicatrization progresses, it is said, more rapidly in the water than under any other treatment.

DEATH.

SEYMOUR—July 14, at Pine Bluff, Ark., Dr. J. E. Seymour, of typhoid malarial fever. He was a graduate of the University of Pennsylvania.